Appendix C: Air Force Compliance Assessment of the United States Air Force Academy
MEMORANDUM FOR UNDER SECRETARY OF DEFENSE (PERSONNEL AND READINESS)

FROM: Assistant Secretary of the Air Force (Manpower and Reserve Affairs)


The Air Force has completed important work in order to address compliance related matters which has resulted in a much stronger program. In response to your 17 May 2019 memorandum, I am forwarding the Air Force program compliance assessment of the Air Force Academy’s Sexual Assault Prevention and Response (SAPR), and sexual harassment prevention and reporting programs. Over an 18-month span, the USAFA SAPR program received 11 inspections, assessments and inquiries by DoD, Air Force and local inspectors.

The Headquarters USAFA Inspector General (IG) conducted its Sexual Assault Prevention and Response Program Annual By-Law Inspection from 18 December 2018 to 25 January 2019. The overall grade for the inspection was “in compliance” with comments. This rating indicates a program or operation does not comply with key elements of governing directives. Inspectors observed 13 significant deficiencies and one minor deficiency. Inspectors also identified four recommended improvement areas. The results of the inspection are attached. Each deficiency has been adjudicated as of 19 September 2019 (2019 USAFA SAPR IGEMS Report attached). Further, the USAFA/IG used the assessment tool provided in July 2019 to conduct another review; results are attached. The USAFA/IG will conduct the next by-law inspection during the 2019-2020 academic program year.

With the attachment of the USAFA IG report, it is important to note that the transfer of Inspector General records is permitted as an intra-agency disclosure to officers of an agency having a need to know for the records in the performance of their official duties (5 U.S.C. 552a(b)(1)). IG records are protected documents and are not further releasable without the expressed approval of the Air Force Inspector General. For further release of the information contained in the attached USAFA/IG report, please contact SAF/IGI, Mr. David Slye, at DSN 671-2354 or via email at david.p.slye.civ@mail.mil.

SHON J. MANASCO
Assistant Secretary of the Air Force
(Manpower and Reserve Affairs)

Attachments:
1. USAFA IG Commander’s Inspection Program SAPR Bylaw Inspection Final Report
2. 2019 USAFA SAPR IGEMS Report
Commander's Inspection Program
SAPR By-Law Inspection Report

United States Air Force Academy
USAF Academy
USAF Academy, CO 80840

10 Dec 2018 – 25 Jan 2019
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DEFINITIONS

This inspection was graded IAW AFI 90-201 and applicable governing guidance.

3 Tier (In Comp-Not in Comp) (CCIP) Item Level grading scale definitions

In Compliance:
The rating given that indicates a program or operation complies with governing directives and supports mission accomplishment. Deficiencies may exist but do not impede mission accomplishment.

In Compliance with Comments:
The rating given that indicates a program or operation complies with most, but not all, governing directives and does not meet some mission requirements. Deficiencies exist that impede or limit mission accomplishment.

Not In Compliance:
The rating given that indicates a program or operation does not comply with key elements of governing directives; significant deficiencies exist that could result in legal liabilities, penalties, or significant mission impact.

NONE Org Level grading scale definitions

Not Graded:
The grade given to indicate that no AFI 90-201 grade was adequate.

DEFICIENCIES:
A validated deficiency assessed as CRITICAL, Significant, or Minor.
   a. CRITICAL:
      Any deficiency that results in, or could result in, widespread negative mission impact or failure.
   b. Significant:
      A validated deficiency that has or could have negative mission impact.
   c. Minor:
      A validated deficiency that does not meet the definition of a Critical or Significant Deficiency but requires corrective action.

RECOMMENDED IMPROVEMENT AREA (RIA):
An identified process, product, or capability which could be improved by a suggested course of action.

STRENGTHS:
An area that far exceeds compliance directives or mission requirements and/or expectations.

REPEAT DEFICIENCY:
A deficiency recorded on the most current inspection that still exists from the previous like-inspection. A deficiency resulting from failure to comply with the same guidance that has been noted on a previous inspection (including deficiencies from any limited or no-notice inspections) of the same installation/unit.
EXECUTIVE SUMMARY

MEMORANDUM FOR HQ USAFA/CC

FROM: HQ USAFA/IG

SUBJECT: 2019 Sexual Assault Prevention and Response (SAPR) Program Annual By-Law Inspection Results

HQ USAFA/IG completed an inspection of the United States Air Force Academy (USAFA) SAPR Program in accordance with AFI 90-201, *The Air Force Inspection System*, 20 November 2018, and the USAFA AY18/19 Inspection Plan. The purpose of this inspection is to provide the USAFA Superintendent, Vice Superintendent, and Sexual Assault Response Coordinator (SARC), an independent assessment of the By-Law compliance of this program. The Inspection occurred 10 December 2018 to 25 January 2019.

The overall grade for this inspection is **IN COMPLIANCE WITH COMMENTS** which indicates a program or operation does not comply with key elements of governing directives; significant deficiencies exist that could result in legal liabilities, penalties, or significant mission impact. Inspectors observed 14 Significant deficiencies and one Minor deficiency. Two of those deficiencies were repeat findings. Furthermore, inspectors made three Recommended Improvement Areas findings.

**Organizational Management:**

The HQ USAFA/SAPR office is still suffering from the effects of an entire change over in staff. USAFA, as a DRU and also a Military Service Academy with multiple wing-like entities, presents a challenge for new personnel to have an understanding of USAFA operations and operating procedures.

There is very little evidence that established roles and responsibilities at all levels of the SAPR program have been established or communicated to staff. Organizational management and strategic alignment of program from HQ-level to the two SARC offices do not have clear lines of effort or roles and responsibilities, leading to confusion and to low morale. USAFA leadership has hired and vetted highly qualified individuals to accomplish SAPR program functions, but have not provide the alignment and direction in USAFA’s unique construct for these personnel to execute effectively. Offices of the HQ USAFA/SAPR are not co-located nor private. Additionally, HQ USAFA/SAPR leadership are not provided consistent and unified guidance to subordinates, resulting in frequent contradiction of each other’s orders.

The HQ USAFA/SAPR office over the past year has gone through several phases of growth: first a transition team of three professionals; and then a new staff. The transition team performed the duties of nine positions that were all filled in Spring 2018. When the transitioning staff started, they concluded that they were starting from nothing because they found the office files to be missing, inaccurate or inadequate along with no established office policies and procedures to execute the SAPR mission or office administration for the unique construct of a Military Service Academy and a DRU. The highest priority was to ensure the continuum of care for victims was being accomplished in accordance with current guidance. They quickly made the SAPR office operational, but then moved their focus to changing the public perception of the office to ensure personnel would utilize services. In their haste, and while being over-saturated and under
resourced, the interim staff did not have time to codify processes or develop SOPs for applying SAPR to a unique organization with a unique mission. The lack of comprehensive onboarding/training to USAFA unique mission set further complicated the HQ USAFA/SAPR organizational management.

Exhausted/Fatigue:

Over the 18 months, the HQ USAFA/SAPR program has had to endure a high level of scrutiny through 11 inspections, assessments and inquiries by DOD, Air Force and local inspectors.

Process Operations:

SAPR continuum of care for victims is accomplished in accordance with laws and instructions with some discrepancies in documentation. Although documentation discrepancies are still apparent in open cases in DSAIDS and hard copy paper work, many of the discrepancies are from the previous SAPR office leadership.

The new staff was charged with changing the perception of the HQ USAFA/SAPR program and rebuild trust with the USAFA and community; this will continue to take time.

Communication:

Communication up, down and laterally throughout the organizations is not clearly communicated or disseminated to all levels as evidenced with the following examples: HAF/A1Z has not been provided curriculum for approval; Superintendent priorities on SAPR are not provided to staff; and inspections including USAFA/IG By-Law have not been communicated.

Most importantly, communication was not consistently provided up to leadership and to other helping agencies across USAFA, due to the lack of Community Action Team meetings being held or attended by the SARC.

GERALD P. SZYBIST, Col, USAF
US Air Force Academy Inspector General
# INSPECTION SUMMARY

Table: United States Air Force Academy Unit Grade / Aggregate Totals

<table>
<thead>
<tr>
<th>Org Abbrev</th>
<th>Inspected Organization</th>
<th>Unit Grade</th>
<th>Deficiencies</th>
<th>Strengths</th>
<th>RIAs</th>
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<td>United States Air Force Academy</td>
<td>Not Graded</td>
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|                | Critical | Significant | Minor | HHQ/SA | Repeat | PFW&A | Unit Identified | |
|----------------|----------|-------------|-------|--------|--------|-------|-----------------|
| USAFA          | 0        | 14          | 1     | 0      | 2      | 0     | 0               | 3  |

Table: United States Air Force Academy Unit Item Grades / Summary Table

<table>
<thead>
<tr>
<th>Index</th>
<th>SIH / CIH</th>
<th>Item</th>
<th>Grade</th>
<th>Deficiencies</th>
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<td>2.7</td>
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<td>Sexual Assault Prevention and Response Program</td>
<td>In Compliance with Comments</td>
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</table>

|                | Critical | Significant | Minor | HHQ/SA | Repeat | PFW&A | Unit Identified | |
|----------------|----------|-------------|-------|--------|--------|-------|-----------------|
| 2.7            | 0        | 14          | 1     | 0      | 2      | 0     | 0               | 3  |

| Total:         | 0        | 14          | 1     | 0      | 2      | 0     | 0               | 3  |
INSPECTION RESULTS

United States Air Force Academy

By-Law Reporting

Sexual Assault Prevention and Response Program

Grade/Summary:
The HQ USAFA SAPR office has been subject to eleven inspections and data calls over the past 18 months (DoD SAPRO three times, Air Force three times, DoD/IG two times, and USAFA/IG two times) and are preparing for another inspection mandated by DoD SAPRO executed by HAF/A1Z. This has caused inspection fatigue for the organization and also may be leading to ineffective organizational management practices throughout the program.

The USAFA Superintendent failed to publish a supplement outlining the duties and responsibilities associated with the Academy Response Team. While the updated AFI 36-3501, United States Air Force Academy Operations, 28 December 2018, was released during the inspection, a supplement was not established for the 10 years since the 2008 version of the AFI.

Deficiencies:

F.97224.4216750:
Severity: Significant
The Installation Commander did not ensure that the SARC participated in Community Action Board/Community Action Team (CAB/CAT) (formerly CAIB/IDS) meetings hindering senior leader updates and helping agency integration and collaboration efforts of prevention activities throughout USAFA. The CAT met four times during CY2018 and the SAPR office attended only two meetings, and in CY2017 the CAT met five times and the SAPR office attended none.
Furthermore, as annotated in the IG inspection report for the HQ USAFA CAB/CAT 2018, USAFA fell short of the requirement to hold ten CAT meetings annually. “CABs and CATs are senior leader driven forums to identify and resolve quality of life issues impacting Total Force readiness. These forums incorporate and reinforce the CAF framework. They promote collaboration among helping agencies to reduce redundancies, identify gaps in service, and develop and implement local solutions to support the Total Force. The Air Force is committed to maintaining mission readiness through multi-agency collaboration and integration of programs and activities that address individual, family, and community concerns (e.g., resilience and violence prevention). Community Action Boards and Community Action Teams at all levels serve as dedicated and integrated forums that inform leadership of these concerns and identify solutions.” (AFI 90-5001, paras 1.6 and 4.1.)

Reference: AFI 90-6001, Sexual Assault Prevention and Response (SAPR) Program, para 1.7.1.28.; AFI 90-5001, paras 1.6. and 4.1., and Table 4.1, Installation Community Action Board; Required Attendees
F.97224.4193276:

Severity: Significant

The USAFA Commander did not ensure adequate guidance was provided to the HQ USAFA/SAPR program to execute its mission. Due to USAFA’s unique mission as a Military Service Academy, accessions source with cadets and cadet candidates and being a military installation applying the DOD and Air Force guidance is confusing and requires local procedures to execute in this unique construct. There is no evidence of clearly communicated or developed local guidance, commander’s intent, or standardized procedures and processes from the USAFA Superintendent or Vice Superintendent. Inspectors noted during ATIS-I interviews, the HQ USAFA/SAPR staff collectively have a large amount of SAPR experience however, applying those same experiences with USAFA’s unique mission and organizational structure has been difficult and confusing at the mission execution level. Additionally, interviewees stated they do not know their roles and responsibilities nor do they know their leadership’s.

Reference: AFI 1-2, Commander’s Responsibilities, paras 3.3., 3.3.5., and 3.3.6.

OPR: HQ USAFA/CVS

Functional / SME OPR: HQ USAFA/CVS

Functional Area: A1 (Manpower, Personnel and Services)

F.97224.4193261:

Severity: Significant

The USAFA/CV, HQ USAFA/SAPR Program Manager and CW SARC have not effectively communicated or developed their vision, commander's intent or have a long term mission execution plan resulting in a lack of trust, unit cohesion and low morale. During interviews with all SAPR members from HQ-level to Victim Advocates (VA), nearly all stated the following: 1. There are no clear lines of communication up or down the chain of command. Members gave the following examples: HQ-level personnel contradict each other's guidance; there is no clear leader; they don't hold personnel accountable for their actions; there is no follow-through; and there are either no clear or ever changing priorities; 2. The HQ Staff offices are currently geographically separated and are not in private areas where phone conversations can be held; 3. HAF/A1Z additionally stated there is a lack of communication with the HQ USAFA/SAPR program.

Reference: AFI 1-2, paras 3., 3.2., and 3.2.1.

OPR: HQ USAFA/CVS

Functional / SME OPR: HQ USAFA/CVS

Functional Area: A1 (Manpower, Personnel and Services)
**F.97224.4193249:**

**Severity:** Significant

The HQ USAFA/SAPR Program Manager failed to establish processes and procedures to ensure the correct naming nomenclature of DD Form 2910_DSAID Control Number (not including hyphens) for cases when uploading into the DSAID system. Of the 21 cases reviewed, 80% had incorrect naming nomenclature.

**Reference:**  AFI 90-6001, para 9.2.7.

**OPR:** HQ USAFA/CVS

**Functional / SME OPR:** HQ USAFA/CVS

**Functional Area:** A1 (Manpower, Personnel and Services)

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**F.97224.4193169:**

**Severity:** Significant

The HQ USAFA/SAPR Program Manager failed to establish expectations. Multiple staff members stated that they did not receive any established expectations from SAPR Program Manager. The SAPR Program Manager led an offsite meeting to conduct training with team members, and presented then an expectations memo. However, the document was the Civilian Personnel Office (CPO) memo template for supervisors/commanders to adjust as applicable to their organizations/units. HQ USAFA/SAPR Program Manager failed to update the expectations memo with organization specific pertinent information: no expectation memos were signed or collected from the meeting. Additionally, on 19 Dec 18, USAFA/IG requested a follow-up for 21 Dec 18 to review all expectation memos in all SARCs, VAs and VVAs folders/records. On 21 Dec 18, there were no expectations memos in any SARC, VA or VVA folders/records. Instead, 10 ABW SARC showed inspectors the routing of all employee appraisal plans that were accomplished in Dec 18 during the inspection: the date signed was 20 Dec 18, which is the day after the request to review expectations memos in folders/record and day before USAFA/IG came to review.

**Reference:** DODI1400.25V431_AFI36-1002, Performance Management and Appraisal Program Administration in the Air Force, para i. (3) (Added)(AF); AFI 1-2, para 3.2.1.; USAFA Program Manager Position Description, Factor 3, Supervisory and Managerial Authority Exercised

**OPR:** HQ USAFA/CVS

**Functional / SME OPR:** HQ USAFA/CVS

**Functional Area:** A1 (Manpower, Personnel and Services)

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**F.97224.4193212:**

**Severity:** Significant

The HQ USAFA/SAPR Program Manager failed to establish office processes or procedures to ensure that the SARCs provided all victim information for SAIRO reports by an unrestricted report. Of the 21 unrestricted reports reviewed, 24% were either: missing dates (therefore unable to verify
The HQ USAFA/SAPR Program Manager failed to establish process and procedures that ensure accuracy and completeness of DSAID data for populations assigned. Upon DSAID review of 36 cases (August 2017 - current) the following deficiencies were noted: 55% were missing investigation agency information, 35% were missing DoD ID Number, 15% were missing relationship to subject, 15% were missing subject information, 15% were missing Civilian Protective Order and Military Protective Order, 15% were missing victim demographics, 15% were missing relationship to subject, 11% were missing safety assessment, 11% were missing referral support, and 8% were missing forensic exam completion.

Reference: AFI 90-6001, paras 9.1., 1.5.5.3., 1.5.5.3.5., 2.3.2., and 2.3.2.14.

OPR: HQ USAFA/CVS

Functional / SME OPR: HQ USAFA/CVS

Functional Area: A1 (Manpower, Personnel and Services)
strategic plan and vision.
Reference: AFI 1-2, para 3.4.1.
OPR: HQ USAFA/CVS
Functional / SME OPR: HQ USAFA/CVS
Functional Area: A1 (Manpower, Personnel and Services)

F.97224.4193176:
Severity: Significant
The HQ USAFA/SAPR Program manager failed to develop Corrective Action Plans (CAPs) for
nine deficiencies (2016 Inspection), 15 deficiencies (2017 Inspection) and three deficiencies (2018
Inspection) in the Inspector General Evaluation Management System within the required 45 days for
previous SAPR By-Law inspections. Six deficiencies from the 2017 inspection still do not have
CAPs in place.
Reference: AFI 90-201, para 9.6.3.
OPR: HQ USAFA/CVS
Functional / SME OPR: HQ USAFA/CVS
Functional Area: A1 (Manpower, Personnel and Services)

F.97224.4193266:
Severity: Significant
"REPEAT DEFICIENCY"
The HQ USAFA/SAPR Program manager failed to have SAPR training curriculum content
reviewed and approved from AF/CVS. Confirmed with HAF/A1Z on 25 January 2019.
Reference: AFI 90-6001, Table 7.1. Courses and Requirements, Notes 1 and 6
OPR: HQ USAFA/CVS
Functional / SME OPR: HQ USAFA/CVS
Functional Area: A1 (Manpower, Personnel and Services)

F.97224.4193233:
Severity: Significant
The HQ USAFA/SAPR Program Manager failed to ensure the original DD Forms 2910 were stored
IAW storage and privacy act laws. On two occasions, only copies of the DD Forms 2910 were being
stored. While original forms are uploaded into DSAID, two original DD Forms 2910 are still
missing from physical filing system.
Reference: AFI 90-6001, para 2.5.6.3.
OPR: HQ USAFA/CVS
Functional / SME OPR: HQ USAFA/CVS
Functional Area: A1 (Manpower, Personnel and Services)
F.97224.4193205:
Severity: Significant
The HQ USAFA/SAPR Program Manager failed to ensure SARC's remove protected information on sexual assault incidents when reported to the installation commander for restricted and unrestricted reports using the 24 Hour Notification template. Of the 30 restricted reports reviewed, 23% contained protected information (victim and/or alleged assailant status).
Reference: AFI 90-6001, paras 3.7.1.1.1., 3.7.1.1.1.6, and 3.7.1.1.1.7.
OPR: HQ USAFA/CVS
Functional / SME OPR: HQ USAFA/CVS
Functional Area: A1 (Manpower, Personnel and Services)

F.97224.4193191:
Severity: Significant
"REPEAT DEFICIENCY"
The HQ USAFA/SAPR Program Manager failed to verify military enlisted VVA records were updated with SEI code 003 following successful VVA training and D-SAACP credentialing completion. One of six VVA records did not reflect the VVA SEI code 003. The SAPR team coordinated with HQ USAFA/CSS and has a signed memorandum from CSS stating that six VVAs have SEI code 003. However, 10 ABW/FSS records review confirmed that one VVA did not have the SEI code 003. Certified SARC's, VAs and VVA roster was provided by the SAPR staff and compared to CCS signed memorandum stating six members all have the SEI code in their records, which was also provided by the SAPR staff. One VVA did not have SEI code in their record.
Reference: AFI 90-6001, para 2.10.2.2.
OPR: HQ USAFA/CVS
Functional / SME OPR: HQ USAFA/CVS
Functional Area: A1 (Manpower, Personnel and Services)

F.97224.4193196:
Severity: Minor
The HQ USAFA/SAPR Program Government Purchase Card (GPC) Approving Official (AO) did not have copies of initial and refresher training certificates in the approving official personnel file. Courses CLM003 and CLG 006 are an annual requirement. Courses CLM 023 and CON 237 are an initial requirement of one time accomplishment. The 10 CONS/GPC Office does not have any certificates/verification of the SAPR Program AO completing the four courses in their records.
Reference: AFI 64-117, Government Purchase Card Program, para 4.2
OPR: HQ USAFA/CVS
Functional / SME OPR: HQ USAFA/CVS
Functional Area: A1 (Manpower, Personnel and Services)
**Recommended Improvement Areas:**

Recommend, that the HQ level SAPR personnel are co-located to ensure unity of effort and clear communication to SAPR offices.

**Functional Area:** A1 (Manpower, Personnel and Services)

Recommend that the HQ USAFA/SAPR Program Manager develop a process to annually review USAFA/CC program intent, develop curriculum and receive approval from HAF/A1Z as prescribed by the Air Force Instruction.

**Functional Area:** A1 (Manpower, Personnel and Services)

Recommend that the following positions roles are clearly defined and explained to all levels of the USAFA SAPR office: Program Manager/Lead SARC, Deputy Program Manager, Program Analyst, and Deputy SARC.

**Functional Area:** A1 (Manpower, Personnel and Services)
REPLY INSTRUCTIONS

USAFA/CVS is responsible for accomplishing the following by the dates provided:

- **14 Mar 19**: Appoint Inspector General Evaluation Management System (IGEMS) Administrator (One year retainability and access to the Organization CC or DS)
  -- E-mail HQ USAFA/IG org mail box with your POC's name and contact info (Full Name, Rank e-mail and Phone)
  -- HQ USAFA/IG will provide access forms, training and slides for the IGEMS ADMIN for process completion
- **28 Apr 19**: Update Root Cause Analysis (RCA), Deficiency Cause Codes (DCC), Corrective Action Plans (CAP) for each deficiency assigned to your unit
- **Monthly**: Provide updates on CAPs and closure status to the Commander Inspection Management Board for assigned deficiencies

**Note 1**: Minor deficiency will be closed at the unit level
**Note 2**: Significant/Critical deficiencies will be closed by the HQ USAFA/IG and local FAMs
TEAM COMPOSITION

DRU Inspection Division Chief  Col Gerald Szybist
DRU Inspection Team Chief  Mr. Scott Anderson
DRU Inspection Team Administrator  MSgt Melissa Smith
DIT Member  Maj Carlen Trunkhill
DIT Member  2nd Lt Benjamin VanDenBroeke
DIT Member  TSgt Richard Mahan
DISTRIBUTION LIST

HQ USAFA/CC
HQ USAFA/CV
HQ USAFA/DS
USAFA/CW
USAFA/DF
USAFA/AD
USAFA/PL
10 ABW/CC
306 FTG/CC
USAFA/CVS
KEY PERSONNEL

Lt Gen Jay B. Silveria
Col Huston R. Cantwell
Mrs. Gail B. Colvin
Col Gerald P. Szybist
Dr. Trevin Campbell
ACRONYMS

AO------------Approving Official
ATIS-I--------Airman to IG Session - Interview
CSS----------Commander Support Staff
DRU---------Direct Reporting Unit
D-SAACP-----Defense Sexual Assault Advocate Certification Program
DSAID-------Defense Sexual Assault Incident Database
GPC---------Government Purchase Card
IAW---------In Accordance With
IG----------Inspector General
IGEMS-------Inspector General Evaluation Management System
SAIRO-------Sexual Assault Incident Response Oversight Report
SAPR-------Sexual Assault Prevention and Response
SARC-------Sexual Assault Coordinator
SEI----------Special Experience Identifier
VA----------Victim Advocate
VVA---------Volunteer Victim Advocate
United States Air Force Academy

Inspection Title: SAPR Dec 2016 By-law Inspection

SAPR: Dec 2016 By-law Inspection

5-Dec-16 9-Dec-16 25-Jan-17 11-Jan-19 The SARC did not ensure that Restricted Report Case Numbers (RRCN) was assigned to all restricted cases. Inspectors reviewed 12 case files and no RRCN numbers were assigned. Additionally, inspectors reviewed additional cases and noted that only cases with a Sexual Assault Forensic Exam (SAFE) Kit had RRCN assigned to them. Additionally, the RHC was not updated on the DD Form 2010 in the DSSAIDS database to ensure that each kit is easily correlated to the correct victim.

Deficiency: Countermeasure: Countermeasure

Closed: Minor USAF/CVS: 14-Feb-17 USAF/CVS Complete

Current Staff has addressed the deficiency and is meeting all requirements as outlined in the inspection. The SARCs assign RRCNs as the restricted cases come in. This has created a tracker which is maintained in a secured file located on the Office 365.

Additionally, quarterly inspections are administrated to ensure compliance. This is not a requirement within DSSAIDS to submit an RHC.

Inspection Name: INSPECTION NAME INSPECTION TITLE

Deficiency Start Date: End Date: Finalize Date: Status:

DRU:CCIP.USAFA.74771

SAPR Dec 2016 By‐Law

Closed

5-Dec-16 9-Dec-16 25-Jan-17 22-Aug-18 The SARC does not provide monthly victim case updates to the MAXCOM SARC and Installation Commander (Superintendent) as required by Air Force instruction. Currently, only a shelf for each month's CMG has been created but there is no data maintained within it.

Closed: Minor USAF/CVS: 22-Aug-18 USAF/CVS Complete

As of Nov 17, all minutes are now loaded via MEMR on the shared drive and also loaded on DSSAIDS. Staff implemented a SOP to have two full time staff members take notes and populate the OAPC‐MFR template while the cases are being discussed and then immediately updating those respective case numbers in DSSAIDS. We can provide an example of the CMG minutes for reference. Paragraph 3 implies what is discussed with every case during the CMG. "reviewed individual cases, directed system coordinators, assessed victim access to quality services and evaluated installation sexual assault trends." Paragraph 1 b outlines the cases discussed using DSSAIDS case number, the CC in attendance and the VA in attendance for each case.

United States Air Force Academy

Inspection Title: SAPR Dec 2016 By-law Inspection

SARCs conduct a monthly Restricted case CMG prior to the Unrestricted case CMG with the MAXCOM/Lead SARC to conduct any updates on those cases. Furthermore, the installation SARCs now attend the 4D AV and 4C weekly staff meetings to relay any information necessary to the 10 AW/C and the Commandant. SARCs comply with para 23.4.4 in DSSAIDS. If SARCs do not comply with para 23.4.4, they have entered a NONR in the case folder explaining why they were unable to comply. SARCs ensure all DD 2955a’s are shredded after entering data into DSSAIDS. SARCs have had one transfer case and did comply with para 23.4.4.

United States Air Force Academy

Inspection Title: SAPR Dec 2016 By-law Inspection

SAPR: Dec 2016 By-law Inspection

5-Dec-16 9-Dec-16 25-Jan-17 12-Sep‐18 Without exception, the entire SAPR office felt no collaboration between SARC, VA, and VVAs. This discord was worsened by the absence of routine after action reviews/hot washes as well as no forums to discuss lessons learned from unique cases(s) or circumstances.

Closed: Significant USAF/CVS: 30-Aug‐18 USAF/CVS Complete

In addition to a new staff on board, USAF/CVS recently submitted a response to the most recent Board of Visitors (BoV) and part of it was a SAPR climate oversight plan. Within this plan the staff recommended quarterly off sites for external team development assistance as well as team bonding lunches (TBLs). The staff also recommended a climate review of every other spring. Finally the CoS would like to explore the idea of incorporating a survivors experience survey at the end of the Year. Respondents still attributed the low morale to a lack of leadership oversight and accountability of staff. However, most stated that there has been an improvement in morale due to a recent leadership change. Additionally, respondents believe the problems are deep‐rooted due to years of a negative environment and are uncertain of how to implement a long‐term solution.

New Staff in place. Additionally the SARCs have a weekly meeting to discuss cases and admin. There is a weekly staff meeting that also includes HQ staff to discuss any policies, admin or specific cases as necessary. Would also do review for deficiency AT‐74771 1131687 since it is a bit of the causal factors for the disengagement with prior staff resulting in a poor work climate.

SARPs has a plan that they coordinated with safety to disseminate to all CC boards along with the safety info (currently working on a new one with base graphics for the community center office. Additionally, SARPs created a biweekly newsletter titled worksheet wisdom to help get the word out regarding the new staff and how to contact us. Also, the SAPR staff is sending out quarterly reminder to the entire base to conduct CC talking points which also brief the unit on mandatory topics to include where the staff is, who they are, how to call, who to report, etc. SARPs is now handing out helping agency cards to every mandatory brief we conduct as well as any time we have a booth at an event. They are not invested in outreach and awareness that will all continue in the tandem phone number for USAF/CVS.

United States Air Force Academy

Inspection Title: SAPR Dec 2016 By-law Inspection

SAPR: Dec 2016 By-law Inspection

5-Dec-16 9-Dec-16 25-Jan-17 13-Oct‐18 SAPR paperwork (DD Form 2910, Victim Reporting Preference Statement and data input into the DSSAIDS database was reviewed over a 6 month period. The inspector noted a definite improvement in DD Form 2010 completion/thoroughness documentation and input over the period covering October 2016 - December 2016, yet there is still major progress required due to forms being illegible, sloppy and incomplete. The inspector stated that some of these documents should be re‐accomplished. The DD Form 2010 is also utilized by victims to seek benefits/services once they leave the military. If these documents are not appropriately completed or illegible, victims may encounter difficulty obtaining future services.

Closed: Significant USAF/CVS: 30-Oct‐18 USAF/CVS Complete

SARPs created a VRA on call checklist to help standardized filling out all required forms/documents when completing an intake. Staff also reviewed and standardized how forms will be organized and a process to follow up with missing items within a case file. Staff reviewed all case files for the last three academic years to annotate missing documents and standardized where able.
In addition to a new staff on board, USAFA/USAF recently submitted a response to the most recent Board of Visitors (BoV) and part of it was a SAPR climate overview. Within this plan the staff recommended quarterly site visits for external team development assistance as well as team bonding lunches (TBLs). The staff also recommended a climate review of the office to be annually with USAFAUS. Additionally, the staff would like to look into coordinating with the Office of People Analytics (OPA) for the inclusion feedback questions that involve the perceptions and experiences with the SAPR program in the Service Academy Gender Relations survey that happens every other spring. Finally the staff would like to explore the idea of incorporating a survivors experience survey at the conclusion of a survivor’s work with SAPR.

To address the deficiency that was found in July 2017 by the temporary SAPR was assigned. Upon arrival, the temporary SAPR found 222 unrestricted and restricted cases entered in the Defense Sexual Assault Incident Database (DSIAD) that were incomplete or inaccurate. During the temporary SAPR’s four months in the office, 147 cases were updated and corrected with assistance from OSI and the Military Personnel Section. The 75 remaining open cases are still awaiting closure and obtaining the information to close the cases is not as readily available. As of 11 FEB 2018 the initiative to close cases in DSIAD is still in progress. 25/75 cases have been closed. The CW SAPR is continuing to coordinate efforts between OSI, JS and the AF OSM closes and the veteran. Expected date of completion is May 2019. Update SAPR is moving forward with the process to close cases. Currently, SAPR has about 5 cases left to close before the deficiency has been completely addressed. SAPR is working to address the remaining open cases.

Current SAPR SARCS ensure compliance as required per 49-90-6001, para. 1.4.1. Systems have been established to ensure compliance is met per all requirements. Four cases since July 2017 were inspected and it was confirmed all cases were opened in DSIAD within the 48 hour timeline. SAPR currently ensure that all cases are entered into DSIAD within the 48h etime frame Rev AE 90-6001, para. 1.4.13. For previous cases that missed the 48h time frame, an MR has been developed and the record is kept in the individual case file. Record reviews have been established on a quarterly basis to ensure compliance requirements have been met.

The CMG Meeting minutes will also include if the verbal update was given. Please see example titled CMG Meeting Min - Jul which shows what is loaded into DSAID for each respective case. This deficiency has been resolved. The Deputy SAPR now tracks how many cases are actually open for discussion in the CMG. CMG meeting minutes document an accurate account of cases. Minutes can be found in DSIAD as monthly memos on the SAPR D: Drive. This deficiency should be resolved with the closure of the remaining 50 cases in DSIAD. SAPR currently has 5 cases left to officially close in DSIAD. An MR has been drafted with the cases that are not being discussed in the CMG. USAFA/SAPR is working closely with VVAs to close these remaining cases. This deficiency is ready to close with SAPR continuing to work with VVAs and بإddy to correct the closing the remaining 5 cases.

Prior to July 2017, the SARC failed to ensure all restricted reports were assigned a RRCN and did not annotate the DD Form 2910s. HQ USAFA/IG inspectors found 10 files for AY2017, 21 files for AY2016 and 17 files for AY2015 without a RRCN assigned. However, due to documentation being inaccurate or incomplete, the SAPR office is unable to physically close these cases in DSIAD since they do not meet the specified program parameters. This deficiency has been corrected by using a new version of CMG minutes template. New SAPR SARCS now track how many cases are actually open for discussion in the CMG. CMG meeting minutes document an accurate account of cases. Minutes can be found in DSIAD as monthly memos on the SAPR D: Drive. This deficiency should be resolved with the closure of the remaining 50 cases in DSIAD. SAPR currently has 5 cases left to officially close in DSIAD. An MR has been drafted with the cases that are not being discussed in the CMG. USAFA/SAPR is working closely with VVAs to close these remaining cases. This deficiency is ready to close with SAPR continuing to work with VVAs and بإddy to close the remaining 5 cases.

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To address this deficiency, current SAPR staff have developed a process to ensure that potential SAPR VVA’s are screened appropriately. This includes an interview by the SARC prior to initial SAPR VVA training. This interview addresses the potential SAPR VVA’s appropriateness for the SAPR program. An application is completed and a statement of understanding is signed by the SAPR VVA’s supervisor. To meet DOD 6592.02 and 650 060 requirements, D-SAO certification is required prior to assuming SAPR VVA duties. SAPR staff addressed the deficiency that HQ USAFA/IG inspectors found on the firefighter who was accepted and received credentialing as a VVA. This correction was handled by a waiver that was submitted and approved by HAJ/A2C. The waiver is on file on the SAPR drive. The waiver was verified by HQ USAFA in December 2018 inspection.

To address this deficiency, the USAFA SAPR Program Manager and SAPR staff are currently working with AF/CVS to have all source material and requirements from Table 7.1, reviewed by AF/IG. Specifically, Line item 22 in reference to USAFA Preparatory School, Line item 23 in reference to USAFA Basic Cadet or Line item 24 in reference to USAFA Cadet 1-4. Long Term The USAFA SAPR office is currently in the process of transitioning to a new Records Custodian. A new File Plan has been submitted and requires the incoming Records Custodian to be fully trained to approve the new File Plan and adheres to all record-keeping requirements. The training was accomplished 27 Mar 19. Group permissions are currently utilized to limit access to electronic records folders. All files are being maintained per instructions AFMAN 13-105, para 6.1.4.6.2, 4, and 2.1.1.

While the previous training records can not be provided or recovered. The new SAPR staff have implemented measures to address this deficiency. The USAFA SAR has ensured that all training listed on AF 13-001, Table 7.1 has been accomplished. The training is tracked using a documentation tool available on the SAPR drive, all facilitators have the ability to document/track personnel trained. When applicable, training rosters have been sent to their office on a quarterly rotation. The USAFA SAPR program is within compliance and has provided all required training records/data for verification.

The USAFA office has ensured that Commanders Training Points/SAPR Annual Training have been administered to USAFA permanent personnel. A tracking tool located on the USAFA SharePoint was created by the office. This tool allows Commanders and their units the ability to update the SAPR office upon completion. Commanders are sent quarterly reminders via TMT - USAFA Resource Guide has been review to ensure compliance with both policy and law. This resource includes commander's taking points for commanders and AOC to utilize. HAJ/A2C and legal are currently reviewing the USAFA Resource guide to ensure that it meets compliance on all required points. The USAFA Resource Guide will be utilized as a reference to help Commanders and AOC meet Commander's Talking Point requirements. USAFA cadets have also received SAPR annual training which is outlined in table 7.1. The officers collects training rosters and all attendance numbers are updated utilizing another tracking tool located on the SAPR drive. Prior to 2017, approved Green Dot curriculum had not been provided for Cadets to meet this requirement. HAF A1Z will be here on 11/12 APR 2019 for final review and approval on Alternator previously known as Green Dot training. This approved and required training will be used for the upcoming academic year. Cadet Candidates receive annual Alternator training previously known Green dot training as required to meet requirements.

This deficiency has been rectified. The USAFA SAPR Program Manager’s Lead SARC position description was corrected and implemented to be directly supervised by the installation commander. This was immediately corrected in 2018 in conjunction with the USAFA civilian personnel office (CPO). The USAFA SAPR Program Manager/Lead SARC position description was corrected in 2018 in conjunction with input and assistance from the USAFA civilian personnel office (CPO). A copy of the job description has been provided. In addition, the USAFA organizational chart has been provided to IG to highlight the correction.

To address this deficiency, the USAFA SAPR Program Manager will provide updated SAPR Personnel Expectations Memo with SAPR office specific information to all staff members. A signed copy of expectations memo from each employee will be placed in respective employees personnel file. The SAPR Personnel Expectations Memo cover, SAPR/AO/CIVILIAN EMPLOYEE EXPECTATIONS/PHILOSOPHY/why A2C is current. Current staff members will be required to sign it and will be placed in their personnel files. The supervisor will review with each employee. The SAPR Personnel Expectations Memo will be given to and reviewed with new employees upon processing. Copy of SAPR Personnel Expectations Memo has been forwarded to IG.

To address this deficiency, the HQ USAFA/IG SAPR Program Manager has initiated processes to track and address IG deficiencies. To ensure that Corrective Action Plans (CAPs) are developed within the required 45 day timeframe, the HQ USAFA/IG SAPR Program Manager has appointed the 10ABW/Prep School SARC as the lead in working with the HQ USAFA/ SAPR Program and HQ USAFA/A2C to develop appropriate Corrective Action Plans (CAPs). All previous deficiencies now have a Corrective Action Plan (CAP) in place and the most current deficiencies will have Corrective Action Plans submitted within the 45 day timeframe as required.
10-Dec-18 25-Jan-19 12-Mar-19 19-Sep-19 The HQ USAF/SAFAP Program Manager failed to verify military enlisted VVA records were updated with SEI code 003 following successful VVA training and D-SAACP credentialing completion. One of six VVA records did not reflect the VVA SEI code 003. The SAFAP team coordinated with HQ USAF/SSD and has a signed memorandum from CSS stating that six VVAs have SEI code 003; however D-MRR/TSC reviews confirm that one VVA did not have the SEI code 003. Certified SARC, VVA and VVVA roster was provided by the SAFAP staff and compared to CSS signed memorandum stating six members all have the SEI code in their records, which was also provided by the SAFAP staff. Due VVA did not have SEI code in their record.

Closed Significant HQ USAF/SAFAP 30-Aug-19 HQ USAF/SAFAP Complete

To address this deficiency, the HQ USAF/SAFAP Program Manager has instituted processes to verify military enlisted VVA records were updated with SEI code 003 following successful VVA training and D-SAACP credentialing completion. Once a VVA is successfully trained and D-SAAACP certified and the HQ USAF/SAFAP Program is ready to utilize that VVA, the appointed SAFAP Records Manager will conduct annual checks with HQ USAF/SSD/CSS.

United States Air Force
DRU:CCIP.USAFA. 97224
Sexual Assault Prevention (By-Law)

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United States Air Force Academy 57224

10-Dec-18 25-Jan-19 12-Mar-19 24-Sep-19 The USAFA/CVS, USAFA SAPR Program Manager and CW SARC have not effectively communicated or developed their vision, commander's intent, or have a long term mission execution plan resulting in a lack of trust, unit cohesion and low morale. During interviews with all SARC members from HQ level to Victim Advocates (VAs), nearly all stated the following: 1. There is no clear lines of communication up or down the chain of command. Members gave the following examples: HQ level personnel contract each other's guidance; there is no clear leader; they don't hold personnel accountable for their actions; there is no follow through; and there are either no clear or ever changing priorities. 2. The HQ Staff offices are currently geographically separated and are not in private areas where phone conversations can be held. HAF/A1Z additionally stated there is a lack of communication with the HQ/USAFA/SAPR program.

Closed

Significant HQ/USAFA/CVS 25-Apr-19 HQ USAFA/CVS

United States Air Force Academy 57224

97224

Prevention (By-Law)

10-Dec-18 25-Jan-19 12-Mar-19 5-Sep-19 The HQ USAFA/SAPR Program Manager failed to have SAPR training curriculum content reviewed and approved from AF/CVS. Confirmed with AF/CVS on 25 January 2019.

Closed

Significant HQ/USAFA/CVS 30-Aug-19 HQ USAFA/CVS

United States Air Force Academy 57224

10-Dec-18 25-Jan-19 12-Mar-19 24-Sep-19 The HQ USAFA/SAPR Program Manager has not provided clear organizational roles and positions. Additionally, there are no clear lines of effort for functional level (MAJCOM, Wing, Unit) accomplishment. This issue is evidenced by confusion over who at what level answers Congressional, DoD, Air Force, USAFA taskings. The diagram of the communication flow chart is also included on the last page USAFA has an Interim Community Support Coordinator in place to ensure that HQ USAFA/CAB/CAT meet requirements as outlined in AFI 90-5001, para 1.6 and 4.1 Instructions. The USAFA SAPR/Personnel Expectations Memo includes the communication flow chart and is available for review. The USAFA Strategic Plan will be reviewed with all staff. Documentation will be maintained in personnel files.

Closed

Significant HQ/USAFA/CVS 20-Sep-19 HQ USAFA/CVS

United States Air Force Academy 57224

10-Dec-18 25-Jan-19 12-Mar-19 19-Sep-19 The Installation Commander did not ensure that the SARC participated in Community Action Board/Community Action Team (CAB/CAT) (formerly CAB/IDS) meetings hindering senior leader updates and helping agency integration and collaboration efforts of prevention activities throughout USAFA. The CAB met four times during CY2018 and the SARC office attended only two meetings and in CY2017 the CAB met five times and the SARC office attended none. Furthermore, as annotated in the IG inspection report for the HQ USAFA/CAB/CAT 2018, USAFA Rd will short of the requirement to hold CAB/CAT meetings annually. “CABs and CATs are senior leader driven forums to identify and resolve quality of life issues impacting Total Force readiness. These forums incorporate and reinforce the CAF Framework. They promote collaboration among helping agencies to reduce redundancies, identify gaps in service, and develop and implement local solutions to support the Total Force. The Air Force is committed to maintaining mission readiness through multi-agency collaboration and integration of programs and activities that address individual, family, and community concerns (e.g. resilience and violence prevention). Community Action Boards and Community Action Teams at all levels serve as dedicated and integrated forums that inform leadership of these concerns and identify solutions.” [AFI 90-5000, para 1.6 and 4.1]

Closed

Significant HQ/USAFA/CVS 23-Apr-19 HQ USAFA/CVS

United States Air Force Academy 57224

Sexual Assault Prevention (By-Law)

10-Dec-18 25-Jan-19 12-Mar-19 12-Mar-19 The USAFA/CVS, USAFA SAPR Program Manager and CW SARC have not effectively communicated or developed their vision, commander's intent, or have a long term mission execution plan resulting in a lack of trust, unit cohesion and low morale. During interviews with all SARC members from HQ level to Victim Advocates (VAs), nearly all stated the following: 1. There is no clear lines of communication up or down the chain of command. Members gave the following examples: HQ level personnel contract each other's guidance; there is no clear leader; they don't hold personnel accountable for their actions; there is no follow through; and there are either no clear or ever changing priorities. 2. The HQ Staff offices are currently geographically separated and are not in private areas where phone conversations can be held. HAF/A1Z additionally stated there is a lack of communication with the HQ/USAFA/SAPR program.

Closed

Significant HQ/USAFA/CVS 25-Apr-19 HQ USAFA/CVS

United States Air Force Academy 57224

97224

Prevention (By-Law)

10-Dec-18 25-Jan-19 12-Mar-19 The USAFA Commander did not ensure adequate guidance was provided to the HQ USAFA/SAPR program to execute its mission. Due to USAFA’s unique mission as a Military Service Academy, there is no evidence of clearly communicated or developed local guidance, commanders intent, or standardized procedures and processes from the USAFA Superintendent or Vice Superintendent. Interviewers noted during ATSS interviews with the HQ USAFA/SAPR staff collectively have a large amount of SAPR experience however, applying those same experiences with USAFA’s unique mission and organizational structure has been difficult and confusing at the mission execution level. Additionally, Interviewers, stated they do not know their roles and responsibilities nor do they know their leaderships.

Closed

Significant HQ/USAFA/CVS 20-Sep-19 HQ USAFA/CVS

United States Air Force Academy 57224

10-Dec-18 25-Jan-19 12-Mar-19 24-Sep-19 The HQ USAFA/SAPR Program Manager has not developed a long term plan to align with USAFA’s authorities and mission requirements so that the organization strives to meet the USAFA strategic plan and vision.

Closed

Significant HQ/USAFA/CVS 20-Sep-19 HQ USAFA/CVS

United States Air Force Academy 57224

10-Dec-18 25-Jan-19 12-Mar-19 24-Sep-19 The HQ USAFA/SAPR Program Manager has not provided clear organizational roles and responsibilities to the personnel of the USAFA/A1Z, the USAFA/CVS nor the 10ABW/A1Z SARC positions. Additionally, there are no clear lines of effort for functional level (MAJCOM, Wing, Unit) accomplishment. This issue is evidenced by confusion over who at what level answers Congressional, DoD, Air Force, USAFA taskings.

Closed

Significant HQ/USAFA/CVS 20-Sep-19 HQ USAFA/CVS

United States Air Force Academy 57224

10-Dec-18 25-Jan-19 12-Mar-19 19-Sep-19 The Installation Commander did not ensure that the SARC participated in Community Action Board/Community Action Team (CAB/CAT) (formerly CAB/IDS) meetings hindering senior leader updates and helping agency integration and collaboration efforts of prevention activities throughout USAFA. The CAB met four times during CY2018 and the SARC office attended only two meetings and in CY2017 the CAB met five times and the SARC office attended none. Furthermore, as annotated in the IG inspection report for the HQ USAFA/CAB/CAT 2018, USAFA Rd will short of the requirement to hold CAB/CAT meetings annually. “CABs and CATs are senior leader driven forums to identify and resolve quality of life issues impacting Total Force readiness. These forums incorporate and reinforce the CAF Framework. They promote collaboration among helping agencies to reduce redundancies, identify gaps in service, and develop and implement local solutions to support the Total Force. The Air Force is committed to maintaining mission readiness through multi-agency collaboration and integration of programs and activities that address individual, family, and community concerns (e.g. resilience and violence prevention). Community Action Boards and Community Action Teams at all levels serve as dedicated and integrated forums that inform leadership of these concerns and identify solutions.” [AFI 90-5000, para 1.6 and 4.1]

Closed

Significant HQ/USAFA/CVS 23-Apr-19 HQ USAFA/CVS

The HQ/USAFA/SAPR Program Manager has had content of SAPR training curriculum content reviewed and approved from AF/CVS. HAF/A1Z has reviewed curriculum and made suggestions for changes. Changes have been made. The HQ/USAFA/SAPR Program Manager has email confirmation that SAPR training curriculum has been approved.