

PREA Facility Audit Report: Final

Name of Facility: Bon Air Juvenile Correctional Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/01/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Natasha Mitchell	Date of Signature: 11/01/2020

AUDITOR INFORMATION	
Auditor name:	Mitchell, Natasha
Email:	nshaferdu@gmail.com
Start Date of On-Site Audit:	09/15/2020
End Date of On-Site Audit:	09/17/2020

FACILITY INFORMATION	
Facility name:	Bon Air Juvenile Correctional Center
Facility physical address:	1900 Chatsworth Ave, Richmond,, Virginia - 23235
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	LaWanda Long
Email Address:	Lawanda.Long@djj.virginia.gov
Telephone Number:	804-297-1019

Superintendent/Director/Administrator	
Name:	Russell Jennings
Email Address:	russell.jenningsjr@djj.virginia.gov
Telephone Number:	804-323-2645

Facility PREA Compliance Manager	
Name:	Georgia Parr
Email Address:	georgia.parr@djj.virginia.gov
Telephone Number:	
Name:	Marlessia Rioux
Email Address:	lisa.rioux@djj.virginia.gov
Telephone Number:	O: (804) 323-2921

Facility Health Service Administrator On-Site	
Name:	Mark Murphy
Email Address:	mark.murphy@djj.virginia.gov
Telephone Number:	(804) 588-3882

Facility Characteristics	
Designed facility capacity:	272
Current population of facility:	142
Average daily population for the past 12 months:	198
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14 to 20
Facility security levels/resident custody levels:	Security Level 1-4
Number of staff currently employed at the facility who may have contact with residents:	376
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	19
Number of volunteers who have contact with residents, currently authorized to enter the facility:	371

AGENCY INFORMATION	
Name of agency:	Virginia Department of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	600 East Main Street, Richmond , Virginia - 23219
Mailing Address:	P.O. Box 1110, Richmond, Virginia - 23218-1110
Telephone number:	804-371-0700

Agency Chief Executive Officer Information:	
Name:	Valeria Boykin
Email Address:	valerie.boykin@djj.virginia.gov
Telephone Number:	804-371-0700

Agency-Wide PREA Coordinator Information			
Name:	Lawanda Long	Email Address:	lawanda.long@djj.virginia.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) onsite audit of the Bon Air Juvenile Correctional Center (BAJCC) was conducted on September 15-17, 2020. The Bon Air Juvenile Correctional Center is located at 1900 Chatsworth Ave, Richmond, Virginia 23235. The audit was conducted by Natasha Mitchell from Henderson, Colorado. Natasha is a dual certified U.S. Department of Justice PREA Auditor. Natasha is certified to audit both juvenile and adult facilities. Natasha was the sole auditor to conduct the audit; the auditor did not employ the assistance of support staff. Natasha entered into a subcontract agreement with the PREA Auditors of America, LLC to conduct the audit. The contract between Natasha and PREA Auditors of America, LLC was signed on December 12, 2019, and began communicating with the BAJCC PREA Coordinator in March of 2020. This PREA audit is BAJCC's third PREA audit since the implementation of the PREA standards.

Audit Methodology

Pre-Onsite Audit Phase

Prior to the onsite audit, the auditor participated in discussions in preparation for all phases of the audit. The conversations included discussing the logistics for the onsite audit as well as the presence of the auditor onsite. Additional communication involved both PREA Auditors of America, LLC and BAJCC's PREA Coordinator. The audit was initially scheduled for May 12-14, 2020 and was officially postponed on April 7, 2020, when the PREA Coordinator notified PREA Auditors of America, LLC and Natasha that the DJJ Director and Deputy Director of Residential Services postponed the audit; and conversations to reschedule the audit would take place in June 2020. On June 17, 2020, the audit was officially scheduled for September 15-17, 2020.

Notice of Audit Posting

The notices for the May audit were forwarded to the BAJCC PREA Coordinator on March 27, 2019. Natasha received confirmation via email on March 30, 2020, that the notices were posted. The notices for the September audit were revised by the auditor and sent to the PREA Coordinator on July 16, 2020. The PREA Compliance Manager sent an email in the absence of the PREA Coordinator on August 12, 2020, confirming that the notices were posted on July 23, 2020. During the onsite audit facility tour the auditor observed the notices posted throughout the facility, in areas that were visible to all staff, contractors, volunteers, visitors and residents. The notices were clearly visible on housing units and during resident interviews the residents communicated that they noticed the signs and were aware that the facility was going to participate in an audit. The audit notices were in English and Spanish and included a statement regarding confidentiality of resident and staff correspondence with the auditor. It is

important to know that the auditor did not receive correspondence through the U.S. Postal Service or via email.

The PREA Coordinator through collaboration with the auditor decided the facility would utilize the online PREA Audit system as the method for completing the audit. The auditor received notification from the PREA Resource Center on March 20, 2020, that a new audit for BAJCC had been created. The Pre-Audit Questionnaire and supporting documentation was made available to the auditor on August 26, 2020. The auditor reviewed the Pre-Audit Questionnaire, policy, procedures, and supporting documentation in preparation for the onsite audit. Given that the auditor conducted the PREA audit in 2018, the auditor was familiar with BAJCC's policies, procedures and practices. The auditors review of the documents immediately noticed updates to policies, strengthening of procedures, and updates to forms. the auditor was Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined there was a need for additional information. During the initial review there was no immediate request for supporting documentation.

Requests of Facility Lists

BAJCC provided the following information for interview selections and document sampling:

Complete resident roster	A resident roster for all residents at BAJCC was provided on September 15, 2020
Residents with disabilities	1
Residents who are Limited English Proficient (LEP)	1
LGBTQI residents	2
Residents in segregated housing	Not applicable
Residents in isolation	Not applicable
Residents who reported sexual abuse	Not applicable
Residents who reported sexual victimization during risk screening	1
BAJCC Staff Rosters	
Complete Staff roster	A roster for all security staff at BAJCC was provided on September 15, 2020
Specialized Staff	11

Contractors who have contact with residents	2
All volunteers who have contact with residents	1
All grievances/allegations made in the previous 12 months	2
All allegations of sexual abuse and sexual harassment reported for investigation in the previous 12 months	32
External Contacts The following external contacts were made:	
Advocacy and SAFE/SANE Programs	Virginia Commonwealth University Health System Authority; Children's Pavilion
YWCA of Richmond, The Greater Regional Hotline (GRRH)	The auditor contacted the Greater Regional Hotline (GRRH) at 804-612-6126.

Research

- **A google search for news articles related to sexual abuse or sexual harassment incidents at BAJCC did not show any incidents in the previous 12 months.**

State of Virginia Mandatory Reporter State Statute § 63.2-1509

Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report

A. The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline:

1. Any person licensed to practice medicine or any of the healing arts;
2. Any hospital resident or intern, and any person employed in the nursing profession;
3. Any person employed as a social worker or family-services specialist;
4. Any probation officer;
5. Any teacher or other person employed in a public or private school, kindergarten or nursery school;
6. Any person providing full-time or part-time child care for pay on a regularly planned basis;
7. Any mental health professional;
8. Any law-enforcement officer or animal control officer;
9. Any mediator eligible to receive court referrals pursuant to § 8.01-576.8;
10. Any professional staff person, not previously enumerated, employed by a private or state-operated hospital, institution or facility to which children have been committed or where children have been placed for care and treatment;
11. Any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children;
12. Any person who is designated a court-appointed special advocate pursuant to Article 5 (§ 9.1-151 et seq.) of Chapter 1 of Title 9.1;
13. Any person 18 years of age or older who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect;
14. Any person employed by a local department as defined in § 63.2-100 who determines eligibility for public assistance;
15. Any emergency medical services provider certified by the Board of Health pursuant to § 32.1-111.5, unless such provider immediately reports the matter directly to the attending physician at the hospital to which the child is transported, who shall make such report forthwith;
16. Any athletic coach, director or other person 18 years of age or older employed by or volunteering with a private sports organization or team;
17. Administrators or employees 18 years of age or older of public or private day camps, youth centers and youth recreation programs; and
18. Any person employed by a public or private institution of higher education other than an attorney who is employed by a public or private institution of higher education as it relates to information gained in the course of providing legal representation to a client. This subsection shall not apply to any regular minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination usually referred to as a church as it relates to (i) information required by the doctrine of the religious organization or denomination to be kept in a confidential manner or (ii) information that would be subject to § 8.01-400 or 19.2-271.3 if offered as evidence in court. If neither the locality in which the child resides nor where the abuse or neglect is believed to have occurred is known, then such report shall be made to the local department of the county or city where the abuse or neglect was discovered or to the Department's toll-

free child abuse and neglect hotline. If an employee of the local department is suspected of abusing or neglecting a child, the report shall be made to the court of the county or city where the abuse or neglect was discovered. Upon receipt of such a report by the court, the judge shall assign the report to a local department that is not the employer of the suspected employee for investigation or family assessment. The judge may consult with the Department in selecting a local department to respond to the report or the complaint. If the information is received by a teacher, staff member, resident, intern or nurse in the course of professional services in a hospital, school or similar institution, such person may, in place of said report, immediately notify the person in charge of the institution or department, or his designee, who shall make such report forthwith. If the initial report of suspected abuse or neglect is made to the person in charge of the institution or department, or his designee, pursuant to this subsection, such person shall notify the teacher, staff member, resident, intern or nurse who made the initial report when the report of suspected child abuse or neglect is made to the local department or to the Department's toll-free child abuse and neglect hotline, and of the name of the individual receiving the report, and shall forward any communication resulting from the report, including any information about any actions taken regarding the report, to the person who made the initial report. The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the Board. Any person required to make the report pursuant to this subsection shall disclose all information that is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department, which is the agency of jurisdiction, any information, records, or reports that document the basis for the report. All persons required by this subsection to report suspected abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Provision of such information, records, and reports by a health care provider shall not be prohibited by § 8.01-399. Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure.

B. For purposes of subsection A, "reason to suspect that a child is abused or neglected" shall include (i) a finding made by a health care provider within six weeks of the birth of a child that the results of toxicology studies of the child indicate the presence of a controlled substance not prescribed for the mother by a physician; (ii) a finding made by a health care provider within six weeks of the birth of a child that the child was born dependent on a controlled substance which was not prescribed by a physician for the mother and has demonstrated withdrawal symptoms; (iii) a diagnosis made by a health care provider at any time following a child's birth that the child has an illness, disease or condition which, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance which was not prescribed by a physician for the mother or the child; or (iv) a diagnosis made by a health care provider at any time following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report.

C. Any person who makes a report or provides records or information pursuant to subsection A or who testifies in any judicial proceeding arising from such report, records, or information shall be immune from any civil or criminal liability or administrative penalty or sanction on account of such report, records, information, or testimony, unless such person acted in bad faith or with malicious purpose.

D. Any person required to file a report pursuant to this section who fails to do so as soon as possible, but not longer than 24 hours after having reason to suspect a reportable offense of child abuse or neglect, shall be fined not more than \$ 500 for the first failure and for any subsequent failures not less than \$

1,000. In cases evidencing acts of rape, sodomy, or object sexual penetration as defined in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, a person who knowingly and intentionally fails to make the report required pursuant to this section shall be guilty of a Class 1 misdemeanor.

E. No person shall be required to make a report pursuant to this section if the person has actual knowledge that the same matter has already been reported to the local department or the Department's toll-free child abuse and neglect hotline.

Onsite Audit Phase

Entrance Briefing

The facility entrance meeting was attended by the Agency Director, Deputy Director of Residential Services, Superintendent, PREA Coordinator, PREA Compliance Manager, PREA Analyst and other representatives that make up the leadership team. The Agency Director and the Deputy Director of Residential Services attended the meeting virtually because of COVID-19. The meeting began with Introductions followed by the auditor providing an overview of the audit process and logistics. Immediately following the meeting the auditor interviewed the Superintendent; and following the Superintendents interview we proceeded with the facility tour. The auditor was escorted on the facility tour by the Superintendent, PREA Coordinator, PREA Compliance Manager and the PREA Analyst.

Site Review

The auditor accessed and observed all areas of the facility, except a very small area in the medical building. The auditor took a tour of the facility during the 2018 audit and was mostly familiar with the facility layout. The facility sits on a large plot of land (75 acres) and is composed of several buildings within the security fence. The main building housed the control room, administrative office space, gym, classrooms, eight (8) housing units, and a dining hall. During the onsite audit the agency/facility was still under strict safety protocols which included limiting resident movement and minimizing contact unless absolutely necessary due to the COVID-19 pandemic. During the tour the auditor observed that all staff and residents maintained a safe distance from each other and were wearing mask that covered their mouth and nose. The auditor respected the decision to minimize contact with the residents and only observed activities but did not engage with the residents while on the units. One of the eight housing units was offline and was not being utilized to house or program residents. All housing units are multiple occupancy cell housing units. In addition to the housing units, there is an intake area, laundry room, classrooms, recreation yard, master control, and visitor main entrance. The resident population count on the first day of the onsite audit was at one hundred forty-one (141); and at that time the facility was all-male.

Processes and areas observed

No residents were admitted to the facility during the onsite phase of the audit. There were six (6) residents on quarantine status who had not completed their 14-days separate from others. The auditor gathered information about the intake process through specialized staff and resident interviews. PREA audit notices and zero tolerance posters were posted and visible for the resident's to review, and the

placement of cameras were observed. The auditor used the blue phone on one of the units to test the hotline system; the call was successfully placed. The auditor observed the opposite gender announcement every time she walked onto a unit. The residents did not react to the announcement with surprise which indicated the announcement is routine.

Specific area observations

There are eighteen (18) residential housing units that serve as living units, sleeping cells and programming. The sleeping cells on unit 61, 62, 63, 64, 65, 66, 67, 68, and B Cottage are equipped with a toilet that is accessible to the resident assigned to that room when needed. The cells in units 53, 54, 55, 57, 58, and 59 are not equipped with a toilet; and A2, A3, and A4 are open bay units. The units are equipped with multi-stall showers; however, the facility practice is one resident in the shower at a time. The resident is provided with additional privacy with shower curtains.

The intake area for new admissions is completed in a separate building from the living units. The intake room, search and changing area provide adequate privacy to allow residents to disclose as much personal information that they feel comfortable with disclosing.

The auditor observed staff presence in every area the residents were programming. The agency has adequate staff supervision and made reasonable decisions regarding camera placement to mitigate blind spots.

Interviews

Staff and resident interviews were conducted in the facility conference room, which was located near the administrator's offices. The location provided privacy and was centrally located to minimize disruption to programming. Specialized staff were selected based on their respective duties in the facility. Twelve (12) security staff were randomly selected from every shift and unit for an interview; and the interviews were conducted using the random staff interview protocol. The resident population was one hundred forty-one (141) on the first day of the audit. The auditor interviewed twenty (20) residents. Besides the ten (10) residents selected randomly; there were two (2) residents interviewed who identified as lesbian, gay, bisexual, transgender or intersex, three (3) identified as high risk for victimization; one (1) limited English speaking, one (1) with a disability, and three (3) identified as high risk for perpetration. The resident identified as limited English speaking was interviewed utilizing a translator with the Language Assistance Contractor list. At the time of the onsite audit there were zero (0) residents placed in isolation, seclusion or protective custody to protect them from sexual abuse or sexual harassment; and zero (0) residents who reported a sexual abuse.

Interview Protocols	Number of Interviews
Agency Head	1
Superintendent	1
PREA Coordinator	1

PREA Compliance Manager	2
Medical Staff	1
Mental Health Staff	1
Intake Staff	2
Volunteer	1
Investigation Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Staff (Unannounced rounds)	3
SAFE and SANE	1
Staff who supervise residents in isolation	1
Staff on the Incident Review Team	5
Designated staff member charged with monitoring retaliation	2
Random sample of Staff	12
Random sample of Residents	10
Resident identified as lesbian, gay, bisexual, transgender or intersex	2
Resident who reported a sexual abuse	0
Resident with an identified disability or limited English speaking	2
Resident in isolation	0
Residents who disclosed prior sexual victimization during risk screening	3
Residents with prior history of perpetration	3

Total Number of Staff Interviews	36
Total Number of Resident Interviews	20
Total Number of Interviews	56

Exit Briefing

An exit briefing was conducted at the conclusion of the audit.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

All Components of the Facility's Physical Plant

The physical plant at Bon Air includes three distinctly different housing designs on a campus surrounded by single fencing with razor wire. The older section of the facility is constructed in an open campus style with individual housing units. The housing units contain a combination of dorm-style and single bedrooms with updated cameras and generators. The open campus also contains the central infirmary for the Bon Air Complex, a school, administrative offices, and a recreation yard. The expanded campus, constructed in 1997, is a self-contained single story building with electronically controlled access to all areas and camera monitored. The building contains administrative offices, educational offices and classrooms, a dining hall, infirmary, and 2 two major housing units, each with four living units/communities. There are eighteen (18) total housing units. At the time of the staffing review, only fourteen (14) housing units are in operation, with the understanding that the remaining units will reopen at a later date. Ten (10) housing units are on the older section of the campus and eight (8) housing units in the newer facility. There are three (3) "open-bay" dorms and fifteen (15) living units that are a combination of single and double occupancy rooms. In total, there are twenty-seven (27) buildings associated with Bon Air Juvenile Correctional Center.

There are 469 cameras located throughout the facility and the property that record movements and activities. There are an additional 127 cameras outside the security perimeter.

The following positions can monitor the cameras from their locations:

- Superintendent
- PREA Coordinator
- Facility PREA Compliance Manager
- Assistant Superintendents
- Community Manager
- Operation Manager
- Community Coordinator
- Safety Officer
- Resident Specialist II
- Security Manager
- Security Coordinator
- Internal Investigators

The only time that cameras would be used to monitor an individual resident is if the resident is on self-injurious behavior precautions. Camera monitoring may also be used in 5 or 10 minute room checks, although this is not a normal practice it is utilized on an "as needed" basis.

Camera recordings are retained for 45 – 60 days and can be saved on CDs when necessary. In addition to administration personnel conducting daily random reviews of the cameras, the shift commanders also check the cameras for functionality twice in a 24-hour period. These camera checks are documented in the shift status report, on maintenance requests, and on the “Unannounced PREA Check” sheets.

As “Blind spots” are identified, BAJCC communicates they take action to minimize any issues through the usage of security mirrors, windows, additional cameras, or corrective action by administration.

Composition of the Resident Population

Bon Air serves a population of males, ages 14-20 and residents who are identified as part of the LGBTQI community. As of August 2019, Bon Air no longer houses female residents, but maintains the capacity/authority to do so if needed. All residents have been committed by a Juvenile and Domestic Relations District Court Judge, or sentenced by a Circuit Court Judge as part of a “blended sentence.” Residents placed at the facility have been convicted of crimes ranging from misdemeanors to felonies. Lengths of commitment may range from a minimum of 3-6 months to a maximum of 7 years or until the resident's 21st birthday. Residents housed at Bon Air are from the following locations: Richmond and surrounding counties, Northern Virginia, Tidewater, and Southwest Virginia.

The total operating capacity at Bon Air is 272 residents. Due to COVID-19 the facilities population decreased, on the day of this review the population was 143. However, the decrease in population did not have an effect on our approved staffing positions.

The facility follows the “community treatment model” in all units. Residents receive educational, vocational, mental health and rehabilitative counseling services. Specialized treatment programs include substance abuse counseling, aggression management, sex offender treatment, and therapeutic programming. Academic and vocational training are provided on campus. Residents are able to earn a high school diploma from the Yvonne B. Miller School or Penn Foster Online Program, their GED, Vocational Certifications, and college classes offered to eligible residents through distance learning. Recreation, religious, and volunteer programming are also available. Communication with family members is encouraged to maintain and further develop relationships. Residents may also communicate with family members and attorneys by mail and phone calls. Visitation is held twice a week for family members and mentors. In special circumstances, transportation can be provided by a non-profit agency.

The housing units at Bon Air are feasible for conducting activities while maintaining sight and security through security checks, unannounced rounds, and maintaining staffing ratios.

Employees/Staff

Bon Air has a total of five hundred and twenty-seven (527) funded positions, to include Direct Care Staff, Behavioral Services Unit, Medical (i.e. Central Infirmary), Education, Central Admission and Placement, Maintenance, Food Service, and Administrative Services. Four hundred and sixteen (416) positions are currently filled and one-hundred and eleven (111) are vacant. The agency conducts an audit of all posts for budget purposes bi-annually. The “Post Audit” stipulates that two resident specialists will be assigned to every housing unit during waking hours and one resident specialists will be assigned during sleeping hours.

The prevailing staffing pattern is as follows:

- **Forty-two (42) residential staff are on duty from 6 a.m. to 6 p.m., during the day shift and forty (40) residential staff are on duty from 6 p.m. to 6 a.m., during the night shift. This pattern covers seven days a week.**
- **Sixteen (16) security staff are on duty from 6:00 a.m. to 6:00 p.m. and fifteen (15) security staff are on duty from 6:00 p.m. to 6:00 a.m. seven days a week. In addition, thirteen (13) security staff work from 8:00 a.m. to 4:30 p.m. from Monday – Friday**

In computing the ratio of 1 to 8, Bon Air follows the Board of Juvenile Justice Standard Regulations, the Department's Standard Operating Procedures for movement and supervision, and PREA Standard 115.313. The Department also consulted the guidelines published by the National Partnership for Juvenile Services. In the event that a unit is out of the ratio, in limited and discrete exigent circumstances, the Shift Supervisor will fully document the circumstances that caused the unit to be out of ratio and the corrective actions taken to return to the ratio. Corrective action can include:

- **Having the Community Coordinator go into the coverage**
- **Reassigning staff from another unit**
- **Temporarily assign residential staff to the post**
- **Authorize overtime for additional staff**

Bon Air Juvenile Correctional Center has no findings of inadequacy from any state or federal court or with other state entities.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

Number of standards exceeded:

1. 115.333
2. 115.342

Standards

Auditor Overall Determination Definitions

- **Exceeds Standard**
(Substantially exceeds requirement of standard)
- **Meets Standard**
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- **Does Not Meet Standard**
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Commonwealth of Virginia Board of Juvenile Justice Policy (English and Spanish) 3. Employee Work Profile for Bon Air PREA Coordinator 4. Employee Work Profile for Bon Air Facility PREA Compliance Manager 5. Employee Work Profile for Bon Air Community Program PREA Compliance Manager 6. Employee Work Profile for Bon Air PREA Analyst 7. Virginia DJJ SOP VOL IV – 4.1-1.03 Prison Rape Elimination Act (PREA) <p>115.311 (a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p>1.03-4.1 Zero Tolerance Policy</p> <p>1. DJJ prohibits and will not tolerate any fraternization or sexual misconduct, including sexual abuse and sexual harassment, between staff, contractors, volunteers, and residents, or between residents. DJJ actively works to prevent, detect, report and respond to any violation. [28 CFR § 115.311(a)]</p> <p>(a)-1 The agencies zero-tolerance statements address four (4) areas: (1) DJJ prohibits and will not tolerate any fraternization or sexual misconduct, including sexual abuse and sexual harassment, between staff, contractors, volunteers, and residents, or between residents; (2) any behavior of a sexual nature between employees and residents is prohibited. Employees are subject to disciplinary action under the Standards of Conduct and will be subject to prosecution. All staff, contractors and volunteers shall report any suspicion of fraternization or sexual misconduct between staff, contractors, volunteers and residents. Staff are not only required to report but may be subjected to disciplinary action for failure to report, (3) any behavior of a sexual nature by residents is prohibited and subject to disciplinary action and may result in criminal charges, and (4) consensual sexual activity among residents shall not be permitted. If residents engage in this type of activity, one or both residents shall be subject to disciplinary action.</p> <p>115.311 (a)-2 The facility has a policy outlining how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>2. Any behavior of a sexual nature between employees and residents is prohibited. Employees shall be subject to a disciplinary action under the Standards of Conduct and shall be subject to prosecution under the Code of Virginia. All staff, contractors and volunteers shall report any suspicion of fraternization or sexual misconduct between staff, contractors, volunteers and residents. Staff are not only required to report, but also may be subjected to disciplinary</p>

actions if they do not. [28 CFR § 115.311(a)]

3. Any behavior of a sexual nature by residents is prohibited and subject to disciplinary action in accordance with VOL IV-4.1-1.16 (Resident Discipline) and may result in criminal charges. [28 CFR § 115.311(a)]

4. Consensual sexual activity among residents shall not be permitted. If residents engage in this type of activity, the resident(s) shall be subject to disciplinary action in accordance with VOL IV-4.1-1.16 (Resident Discipline). [28 CFR § 115.311(a)]

(a)-3 The policy entails definitions related to sexual abuse, the definitions include sexual abuse; sexual abuse of a resident by another resident; sexual abuse of a resident by a staff member, contractor, or volunteer; voyeurism by a staff member, contractor, or volunteer, and sexual harassment.

Definitions Related to Sexual Abuse

Sexual Abuse includes:

- a. Sexual abuse of a resident by another resident; and**
- b. Sexual abuse of a resident by a staff member, contractor, or volunteer. [28 CFR § 115.6]**

Sexual Abuse of a Resident by another Resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;**
- b. Contact between the mouth and the penis, vulva, or anus;**
- c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and**
- d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation. [28 CFR § 115.6]**

Sexual Abuse of a Resident by a Staff Member, Contractor, or Volunteer includes any of the following acts, with or without consent of the resident:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;**
- b. Contact between the mouth and the penis, vulva, or anus;**
- c. Contact between the mouth and any body part where the staff member, contractor, or**

volunteer has the intent to abuse, arouse, or gratify sexual desire;

d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

f. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (a) through (e) of this section;

g. Any display by a staff member, contractor, or volunteer of their uncovered genitalia, buttocks, or breast in the presence of a resident, and

h. Voyeurism by a staff member, contractor, or volunteer. [28 CFR § 115.6]

Voyeurism by a Staff Member, Contractor, or Volunteer – An invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet in their cell to perform bodily functions; requiring a resident to expose their buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions. [28 CFR § 115.6]

Sexual Harassment includes:

a. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and

b. Any verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. [28 CFR § 115.6]

(a)-4 Disciplinary sanctions for employees for violating the agency sexual abuse and sexual harassment policy include disciplinary sanctions up to and including termination. Any contractor or volunteer who engages in sexual abuse would be prohibited from having contact with residents and shall be reported to relevant licensing bodies. Residents are subject to disciplinary sanctions following an administrative finding or a criminal finding.

115.311 (b)-1 The agency employees or designates an upper-level, agency-wide PREA coordinator.

PREA Coordinator and Facility PREA Compliance Manager

1. DJJ shall designate an upper-level, agency-wide PREA Coordinator to develop, implement and oversee agency efforts to comply with the PREA standards in all JCCs. [28 CFR § 115.311(b)]

(b)-1 The agency employs one (1) PREA Coordinator whose responsibility it is to develop implement, oversee and coordinate agency practice in compliance with PREA providing guidance on PREA standards and continuous agency improvements in this area and is the primary liaison and point person for the public and private providers to insure PREA compliance.

(b)-3 The PREA Coordinator reports directly to the facility Deputy Director of Residential Services.

2. The Deputy Director of Residential Services in conjunction with the PREA Coordinator shall designate a Facility PREA Compliance Manager to coordinate the facility's efforts to comply with the PREA standards. The Facility PREA Compliance Manager shall have regular contact with the PREA Coordinator and the superintendent of the JCC. [28 CFR § 115.311(c)]

(c)-1 DJJ employs two (2) PREA Compliance Managers one (1) for Bon Air and one (1) for Alternative Placements, and a PREA Analyst to make a four (4) person team. The Bon Air Juvenile Correctional Center (BAJCC) PREA Compliance Manager serves as the liaison between the facility, Central Office, the media and the community regarding PREA. Serves as facility PREA Manager to provide guidance, support and training to ensure a zero-tolerance culture for sexual abuse, sexual assault, sexual misconduct and sexual harassment and fostering a facility climate which condemns sexual abuse; provides victims with sensitive care, resources, and support; reports incidents of sexual abuse; and holds residents accountable for their actions.

The PREA Compliance Managers for Bon Air and the alternative placements provides resources, guidance, support and training services to foster a zero tolerance culture for sexual abuse, sexual assault, sexual misconduct and sexual harassment and fostering a facility climate which condemns sexual abuse. The position serves as the liaison between the alternative placements, Central Office, the media and the community regarding PREA.

The PREA Analyst is responsible for providing administrative support to the PREA Coordinator to include technical and administrative assistance. The role also tracks compliance with the PREA standards and investigations. Assists in monitoring and enforcement of policies, procedures, practices and standards, ensure proper reporting, trend evaluation and provision of recommendations for improvement and compliance. The PREA Analyst is also responsible for tracking and collecting sexual abuse and sexual harassment data, participates in grant tracking and development to meet the strategic needs of the Department.

(c)-3 The PREA Compliance Managers report directly to the agency PREA Coordinator.

Interviews:

- **Superintendent**
- **PREA Coordinator**
- **PREA Compliance Manager x2**

Individual interviews with the PREA team demonstrates that their sole responsibility is to ensure Bon Air and the alternative community placements are in full-compliance with the PREA standards, which are intended to prevent, detect and respond to allegations of sexual abuse and sexual harassment. The PREA Coordinator stated her sole responsibility and job duties are dedicated to PREA compliance and the prevention, detection, and accountability. She stated she participates in department committees and her role on those committees is to ensure compliance with the standards. Interviews conducted with both PREA Compliance Managers indicated they are responsible for providing resources, support, training, facility oversight, and alternative community programs compliance with the standards.

Members of the PREA Compliance team indicate they have frequent communication with each other through telephone calls and emails. Given the current pandemic and the social distancing requirements mandated by the governor for the State of Virginia, the team's ability to have frequent face-to-face contact has been significantly impacted. Since their contact with each other is so limited their communication through other means has increased. The team agreed that the infrequent face-to-face contact has not diminished their ability to work together and provide oversight in their respective facilities. According to the Bon Air PREA Compliance Manager and facility staff she is present and visible throughout the facility; and her presence since the pandemic has not decreased.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV – 4.1-1.03 Prison Rape Elimination Act (PREA) 3. Community Program Contracts (Sample size of 23) 4. Renewed Community Program Contracts 5. Alternative Care Placements and Community Placement Programs Site Visit Log 6. <p>(a)-1 The facility provided twenty-three (23) contracts all with a signature from 2019 or 2020. All of the agreements state, Contractor and its employees or representatives will comply with the Prison Rape Elimination Act of 2003 and will all applicable PREA standards, DJJ procedures related to PRES and DJJ requirements related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within DJJ facilities, programs, and offices whether owned, operated, or contracted. The contracted facility acknowledges that, in addition to “self-monitoring requirements” DJJ will conduct announced or unannounced, compliance monitoring to include “on-site” monitoring. Failure to comply with PREA, including PREA standards and DJJ policies may result in termination of the agreement.</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager for Alternative Placements 3. Agency Head <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in compliance with this standard regarding contracting with other entities for the confinement of residents.</p>

115.313 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOL IV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Virginia DJJ SOP VOL IV-4.1-2.01 Post Audit
4. Virginia DJJ SOP VOL IV-4.1-2.01 Security Staffing
5. Virginia DJJ SOP VOL IV-4.1.204 Movement and Supervision of Residents
- 6.

115.313 (a)-1 The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.

1.03-6.2 Supervision and Monitoring of Residents

1. Facilities shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse in accordance with VOL IV-4.1-2.01 (Security Staffing), VOL IV-4.1-2.00 (Development of Post Orders), and VOL IV-4.1-2.04 (Movement and Supervision of Residents). The staffing plan shall consider:

- a. Generally accepted juvenile detention and correctional/secure residential practices;
- b. Any judicial findings of inadequacy;
- c. Any findings of inadequacy from Federal investigative agencies, if applicable;
- d. Any findings of inadequacy from internal or external oversight agencies;
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- f. The composition of the resident population;
- g. The number and placement of direct care staff;
- h. Institutional programs occurring on a particular shift;
- i. Any applicable State or local laws, regulations, or standards;
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- k. Any other relevant factors. [28 CFR § 115.313(a)]

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4. At least annually and in consultation with the DJJ PREA Coordinator, the Deputy Director of Residential Services or designee shall assess each facility to determine and document whether adjustments are needed to:

a. The staffing plan established pursuant to number (2) above;

b. Prevailing staffing patterns;

**c. The facility's deployment of video monitoring systems and other monitoring technologies;
and**

**d. The resources the facility has available to commit to ensure adherence to the staffing plan.
[28 CFR § 115.313(d)]**

5. Prior to each biennial budget submission, the Deputy Director of Residential Services shall request that the DJJ Human Resources Unit update the relief formula.

(a)-1 The facility policy requires the development, implementation, and documentation of a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. Additionally, the staffing plan requires the participants responsible for developing or reviewing the staffing plan to consider the 11 criteria per the standards. The staffing plan is built on a facility designed to house two hundred seventy-two (272) residents; as of the submission of the PAQ the average daily number of residents was one hundred ninety-eight (198). In the recent past the facility served male and female residents; however, since March the facility transferred the female residents to another facility. During the onsite audit BAJCC was an all-male facility.

(b)-1 The PREA Coordinator indicated on the facility PAQ that BAJCC did not deviate from the staffing plan in the past 12 months. This was confirmed during the interview with the Superintendent as well as the PREA Compliance Manager. The facility is adequately staffed with three hundred seventy-six (376) staff members of different classifications who have contact with the residents.

115.313 (c)-1 The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

1. The staffing plan shall be followed except during limited and discrete exigent circumstances. Deviations from the plan shall be documented. The staffing plan shall specify a staff to resident ratio of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security employees as defined above shall be included in these ratios. [28 CFR § 115.313(b) and (c)]

2. 3. Each facility shall assess the established staffing plan a minimum of once per year in

consultation with the DJJ PREA coordinator and the facility's PREA compliance manager. The review shall consider the current staffing plan, prevailing staffing patterns, the facility's use of video monitoring systems or other monitoring technologies, and any resources the facility has available to commit to ensure adherence to the staffing plan. [28 CFR § 115.313(d)]

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2. During the hours that residents are scheduled to be awake, there shall be at least one (1) RS awake, on duty, and responsible for supervision of every eight (8) residents, or portion thereof, wherever there are residents present in the facility as well as wherever residents are attending off-campus, facility-sponsored activities. Security series staff shall provide routine and emergency transportation in accordance with VOL IV-4.1-2.21 (Transportation).

5. Supervision of residents shall meet the requirements to comply with VOL IV-4.1-1.03 (Prison Rape Elimination). Security and non-security staff may only count toward the supervision ratios while they are actively supervising and controlling residents if they have received appropriate training.

(c)-1 During the hours that residents are scheduled to be awake, there shall be at least one (1) residential security staff member awake, on duty, and responsible for supervision of every eight (8) residents. A review of the residential housing unit log books indicate every shift is staffed with two staff members at all times. Security and non-security staff may only count toward the supervision ratios while they are actively supervising and controlling residents if they have received appropriate training.

(d)-1 The facility policy requires the development of a staffing plan once per year in consultation with the DJJ PREA Coordinator, the facility Superintendent and the facility PREA Compliance Manager. The facility provided two staffing plans one signed and dated on July 16, 2020, and one signed and dated on October 7, 2019. The staffing plan was signed and dated by the facility Superintendent as well as the agency PREA Coordinator.

115.313 (e)-1 The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

4. An administrator, as defined above, at each facility shall conduct unannounced rounds in all areas to which staff has access (i.e., housing units, central infirmary, staff offices, school classrooms, etc.) in order to identify and deter staff sexual abuse and sexual harassment. The rounds shall be conducted at least twice per month, not to exceed fifteen (15) calendar days between rounds, and shall cover all shifts, day and night. Staff shall not alert other staff of when these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The administrator shall document the rounds in the designated area's logbook in red ink as "PREA unannounced round" noting their first and last name in accordance with VOL IV-4.1-2.06 (Logbooks). Any deficiencies observed during

such rounds and corrective actions shall be communicated in writing to the superintendent or designee and Facility PREA Compliance Manager. [28 CFR § 115.313(e)]

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff

The policy indicates an Administrator (community manager or higher) at BAJCC shall conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The rounds shall be conducted at least twice per month, not to exceed fifteen (15) calendar days between rounds, and shall cover all shifts, day and night. The administrator shall not alert other staff of when these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The administrator shall document the rounds in the housing unit logbook as "PREA unannounced round". The facility allowed the auditor to review unit log books from September 2019 until June 2020, which demonstrated documented unannounced rounds that was conducted. As per the agency policy the preferred method for documenting the unannounced round, the auditor found the documentation was written with a red pen. The checks were documented at variable times and appear to have occurred more frequently than the policy requires. The facility policy was updated to explicitly state staff are prohibited from alerting other staff when supervisors are conducting unannounced rounds. During interviews with the residents they indicate that they frequently see supervisors on their units and have never witnessed staff warn other staff that the rounds were being conducted.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding supervision and monitoring. No corrective action required.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOL IV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. Virginia DJJ SOP VOL IV-4.1-2.01 Security Staffing 4. Virginia DJJ SOP VOL IV-4.1.204 Movement and Supervision of Residents 5. DJJ Memorandum Re: Limits to cross-gender viewing and searches Dated January 3, 2020 6. DJJ Memorandum Re: Limits to cross-gender viewing and searches Dated March 11, 2020 7. DJJ Memorandum Re: Limits to cross-gender viewing and searches Dated July 20, 2020 8. DJJ PREA Basic Skills Lesson Plan; February 2020 Edition 9. Basic Skills for Direct Care/Resident Specialists Class Agenda 10. Basic Skills for Direct Care/Resident Specialists Training Roster 11. DJJ Safety and Security Skills Training Lesson Plan <p>115.315 (a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.</p> <ol style="list-style-type: none"> 1. Residents shall not be subject to cross-gender strip searches or cross-gender body cavity searches (meaning a search of the anal or genital opening), except in exigent circumstances or when performed by medical practitioners. DJJ shall not conduct cross-gender pat-down searches except in exigent circumstances. The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. All searches shall be conducted in accordance with VOL IV-4.1-2.14 (Resident, Staff, and Visitor Searches). [28 CFR § 115.315(a), (b) and (c)] <p>(a)-1 DJJ trains staff on how to conduct cross-gender pat down searches and searches of transgender and intersex residents. The training objective is to instruct the staff on how to conduct a search in a professional and respectful manner; and in the least intrusive manner possible consistent with security needs. In the past 12 months the facility has conducted zero (0) cross-gender strip or visual body cavity searches.</p> <p>115.315 (d)-1 The facility has implemented policies and procedures 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 (this includes viewing via video</p>

camera).

10. Residents shall be allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. [28 CFR § 115.315(d)]

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2. When both males and females are housed in a JCC, at least one male and one female staff member shall be on duty at all times.

3. Residents shall be transported to appointments outside the secure perimeter of the JCC by two security series staff. In order to provide necessary privacy during these transports, at least one of the staff members must be of the same gender as the resident(s). If it is necessary for one staff to transport, that staff shall be of the same gender as the resident(s) in accordance with VOL IV-4.1-2.21 (Transportation).

(d)-1 BAJCC residents are allowed 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 room checks. The facility has shower curtains installed in the showers to make sure residents have adequate privacy. The resident toilet and shower areas are located in an area of the unit that will allow opposite gender staff to conduct a security check and allow the resident to shower and change in private. When both male and female residents are housed in at BAJCC, at least one male and one female staff member will be on duty at all times. Just prior to the on-site audit the female population was transferred to another facility; and as a result, Bon Air is now an all-male facility.

115.315 (d)-2 F. Staff of the opposite gender must announce their presence when entering a resident housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing.

1. An announcement of the presence of staff of the opposite gender shall be made when he/she is entering a housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing in accordance with VOL IV-4.1-2.02 (Supervision of Opposite Gender Residents) and VOL IV-4.1-2.04 (Movement and Supervision of Residents). The announcement may be made by either the entering staff or staff currently supervising the unit. The announcement shall be made every time a staff of the opposite gender enters the unit, regardless of the current presence of another staff of that gender. The announcement shall be documented in the housing unit logbook. [28 CFR § 115.315(d)]

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5. In accordance with VOLIV-4.1-1.03 (Prison Rape Elimination), residents shall be allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. [28 CFR § 115.315(d)]

(d)-2 When an opposite gender staff member enters a housing unit there is always an opposite gender announcement. The staff members presence will be documented when he or she entered the housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. The announcement may be made by either the entering staff or staff currently supervising the unit. The announcement shall be made every time a staff of the opposite gender enters the unit, regardless of the current presence of another staff of that gender. The announcement shall be documented in the housing unit logbook. During the facility tour the auditor visually observed and heard the opposite gender announcement and based on the response of the residents in the moment as well as their statements during interviews the opposite gender announcement appears to be a routine practice.

115.315 (e)-1 The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

9. A transgender or intersex resident shall not be searched or physically examined for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of the broader medical examination conducted in private by a medical practitioner. [28 CFR § 115.315(e)]

1. DJJ shall train security series staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs. [28 CFR § 115.315(f)]

(e)-1 A transgender or intersex resident shall not be searched or physically examined for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of the broader medical examination conducted in private by a medical practitioner. During the onsite audit there was one (1) resident who identified as transgender residing in the facility. An interview with the resident indicated female staff conduct her searches and she was comfortable with the search practices.

115.315 (f)-1 The facility PAQ indicates 100% of responsible staff have received search training. A review of the training curriculum developed by DJJ shows the training included how to conduct a search on a resident who identifies as transgender.

Interviews:

- **Superintendent**
- **PREA Coordinator**
- **Random Staff**
- **Resident who identifies as Transgender**
- **Random Residents**

Interviews with randomly selected staff as well as interviews with the Director, Superintendent and the PREA Compliance Manager as well as specialized staff indicated cross gender searches are not conducted at the facility. Interviews with randomly selected youth from various living units indicated they have never been searched by a staff member of the opposite gender nor have they ever observed another resident being searched by a staff member of the opposite gender. The resident interviews also mention that all searches are supervised by two (2) staff of the same gender as the resident. During the search one staff member is conducting the search, while the other staff member is supervising/overseeing the search practice. Interviews with the Superintendent, PREA Coordinator and random staff state the policy allows cross-gender searches in exigent circumstances but none of them could identify such a circumstance that would require a search since the facility is always adequately staffed with male and female staff. The staff were very knowledgeable of the training policy and knew without prompting that they could never conduct a search on a resident who identifies as transgender to determine their biological sex. All of the staff indicated they would make that determination based on historical information in the residents file and based on an interview with the resident.

Staff and resident interviews indicated staff make opposite gender announcements, and based on the auditors observation during the facility tour; the practice seemed to be consistent with the DJJ policy. All interviewed residents and staff described a showering procedure in which residents come out of their rooms to shower fully clothed, they shower alone, and exit the shower fully clothed. Residents report they have sufficient privacy and are never naked in full view of staff of any gender or other residents.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. Virginia DJJ SOP VOLIV-4.3-.5.02 Language Assistance Services 4. DJJ Memorandum Re: Residents with disabilities and residents who are LEP Dated January 3, 2020 5. DJJ Memorandum Re: Residents with disabilities and residents who are LEP Dated March 11, 2020 6. DJJ Memorandum Re: Residents with disabilities and residents who are LEP Dated July 20, 2020 7. Steps to Filing a Grievance and Compliant Request Form (English and Spanish) 8. End the Silence Poster (English and Spanish) 9. Invoice to demonstrate utilization of translation services for LEP Resident <p>115.316 (a)-1 The agency has established procedures to provide disabled residents 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.</p> <p>6. Such information (to include written materials) shall be provided in formats accessible to all residents, including residents who are deaf or hard of hearing; blind or visually impaired; have intellectual, psychiatric or speech disabilities or are otherwise disabled; or who have limited reading skills or are limited English proficient. DJJ shall 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 such residents. Ensuring access shall include, when necessary to ensure effective communication, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, for residents who are limited English proficient, deaf or hard of hearing. [28 CFR § 115.316(a) and (b); § 115.333(d)]</p> <p>7. DJJ shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining another effective interpreter could compromise the safety of the resident, the performance of first responder duties or the investigation of a resident's allegations. [28 CFR § 115.316(c)].</p> <p>(a)-1 DJJ has taken reasonable steps to ensure that residents who are deaf or hard of hearing; blind or visually impaired; have intellectual, psychiatric or speech disabilities or are otherwise disabled; or who are limited English proficient meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Ensuring access includes, when necessary to ensure effective communication, providing</p>

access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, for residents who are limited English proficient, deaf or hard of hearing. A review of the youth brochures noticed that both are in English and Spanish and are provided to support the facility's efforts to prevent, detect and respond to sexual misconduct.

115.316 (c)-1 The agency policy states DJJ shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining another effective interpreter could compromise the safety of the resident, the performance of first-responder duties or the investigation of a resident's allegations. In the past 12 months, the facility had zero (0) instances where resident interpreters, readers, or other types of resident assistants have been utilized. The facility provided an invoice for the auditor to review. The invoice demonstrated that in the past 12 months the facility used translation and interpretation services through Propio Language Services. During the onsite audit there was one (1) resident identified as limited English speaking who was interviewed by the auditor utilizing the translation services hotline. The auditor was provided with the dial in information as well as the facility account number and allowed to dial herself while in the presence of the resident.

Interviews:

- Superintendent
- Random Staff
- Random Resident

During the on-site audit there was one (1) resident who was identified as a Spanish speaker with limited English comprehension or speaking. During the interview the resident spoke with the auditor with the use of a translation provider. The Language Assistance Contractor List provided a hotline number and the agencies four-digit account number. During the residents interview he communicated during professional telephone calls with his mother the facility utilizes the translation service and does not rely on him to translate.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

115.317	Hiring and promotion decisions
	<p data-bbox="247 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="247 246 518 280">Auditor Discussion</p> <p data-bbox="247 324 590 358">Documentation Reviewed:</p> <ol data-bbox="287 425 1380 873" style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV–1.7-01 Background Investigations 3. Employee Background and Child Protection Services Clearance Documents 4. Contract Background and Child Protection Services Clearance Documents 5. Volunteer Background and Child Protection Services Clearance Documents 6. New Employee Background and Child Protection Services Clearance Documents 7. Current Employee Annual PREA Questionnaire 8. Employee Work Profile Performance Evaluation 9. Signed DJJ Administrative Procedure Acknowledgement Form 10. Sample DJJ Employment Application 11. Picture of Braille PREA Brochure for Residents <p data-bbox="247 952 1452 1075">115.317 (a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who—</p> <ol data-bbox="247 1108 1468 1467" style="list-style-type: none"> (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p data-bbox="247 1579 1460 1702">115.317 (b)-1 Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="247 1736 1468 1993">115.317 (c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a)conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.</p> <ol data-bbox="247 2027 1444 2105" style="list-style-type: none"> 1. Hiring and promotion decisions are conducted during the interview process in accordance with PREA Standard §115.317.

3. DJJ shall also ask all applicants and employees who may have contact with residents directly about previous sexual misconduct as described in Section A. of the PREA Standard §115.317. Applicants and employees shall be provided with an opportunity to respond as follows: on written applications, during the interview process, written self-evaluations conducted as part of reviews of current employees, or in accordance with DJJ's policy to impose upon employees.

(a)-1 Hiring and promotion decisions are conducted during the interview process in accordance with PREA standard 115.317. The standards requires agencies to prohibit enlisting the services of any contractor who may have contact with resident who: (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, (2) 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; or (3) has been civilly or administratively adjudicated to have engaged in the activity mentioned above. The standard also requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. In the past 12 months, the facility hired sixty-six (66) employees and twenty-one (21) contractors; the facility provided sample documentation whichs shows the background check process and clearance information.

115.317 (d)-1 Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

1. The organizational unit head shall ensure that, when a background investigation has been requested, a report is received and a Child Protective Check has been returned before an offer is made.

115.317 (e)-1 Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

2. DJJ shall 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.

(e)-1 DJJ shall conducts criminal background records checks every five (5) years for current employees and contractors who have contact with residents.

115.317 (g)-1 Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

4. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Interviews:

- **PREA Coordinator**
- **Human Resources/Background Clearance Staff**
- **Random Staff**

The steps taken to complete the background check for a candidate starts with the Superintendent initiating the background check. The Superintendent will initiate the process by reviewing and screening the application to ensure the candidate would not be disqualified from employment with DJJ by having committed any criminal offense that would automatically disqualify the applicant from employment. Once it is determined that the candidates application is appropriate to move forward for a background check the candidate is contacted to complete the background check process which includes a fingerprint check and a child registry check.

Interviews with the human resource representative who is responsible for supporting the agency/facility with hiring, promotion and staff disciplinary decisions indicated candidates are asked the pertinent questions on their applications. A review of the agency's current application show there are four (4) questions asked that ascertain if the candidate has a history of engaging in sexual abuse or sexual harassing behavior within an institution or in their communities. The questions are asked again during the employee's participation in orientation and during the agency annual review process. It was confirmed that an employee's failure to disclose any such previous misconduct would be grounds for termination. The agency will adhere to the standard and upon request will provide information on substantiated allegations of sexual abuse and sexual harassment involving former employees.

The interview with the background unit representative details a background check that verifies that a candidate's criminal background check is clear of all disqualifying offenses and is clear through the local child abuse registry. The agency has implemented the 5-year background check throughout the agency at every job classification (i.e., Probation Officer, Training, and Instructor, etc.). The practice involves the background unit running a background check every 5-years around the employee's hire anniversary date.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility meets expectations with this standard regarding hiring and promotion decisions. No corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>1. Facility PREA Audit Questionnaire</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Director • Superintendent • PREA Coordinator <p>The Director's interview indicated there are no future plans to expand the facility or any portions of the campus. The facility is currently built to accommodate two hundred seventy-two (272) residents but currently had has an average daily population of one hundred ninety-eight (198). She stated the facility is designed to accommodate the needs of the population being served to include the staffing and security mechanisms that are in place.</p> <p>DJJ has engaged in recent discussions to build one or two new facilities in the central and eastern parts of Virginia. The discussions included developing a facility design team which was made up of professionals within DJJ to include the PREA Coordinator. The purpose of the PREA Coordinators participation on the design team was to ensure that the design would meet the PREA standards that are intended to prevent and detect sexual abuse and sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. Virginia DJJ SOP VOLIV-1.7-01 The Roles, Functions and Responsibilities of the Investigative Unit and Personnel Reporting Responsibilities 4. Interagency Agreement between DJJ and the Virginia State Police 5. DJJ PREA Response Protocol 6. Virginia DJJ PREA Access to Forensic Medical Examinations 7. Virginia DJJ MOU between DJJ and the YWCA of Richmond (Outside Support Services for Sexual Abuse) 8. Virginia DJJ Memorandum Re: Evidence protocol and forensic medical examinations Dated January 3, 2020 9. Virginia DJJ Memorandum Re: Evidence protocol and forensic medical examinations Dated March 11, 2020 10. Virginia DJJ Memorandum Re: Evidence protocol and forensic medical examinations Dated July 20, 2020 11. Pictures of the Virginia Commonwealth University Children’s Pavilion examination room <p>115.321 (a)-1The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be investigated promptly, thoroughly and objectively. [28 CFR § 115.322(a); §115.371(a)] DJJ shall have a policy 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. DJJ shall publish this policy on its website. The agency shall document all such referrals. [28 CFR § 115.322(b)]</p> <p>a. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both DJJ and the investigating entity. [28 CFR § 115.322(c)]</p> <p>(a)-1 Referrals for an investigation is reported up the supervisory chain of command. Once the Superintendent or designee is made aware of a potential situation of an administrative, criminal, PREA, or other violation, he will notify, as soon as practical, the Investigative Unit Manager and/or the Investigative Unit Supervisor of a possible violation. The Investigative Unit Manager and/or Investigator Supervisor has the responsibilities to assign and/or conduct investigations regarding incidents that are reported and/or referred to the Investigative Unit. When required by law, or as otherwise appropriate to the circumstances, the Unit shall consult with the Virginia State Police (VSP), local law enforcement, respective Commonwealth’s</p>

Attorney Offices and/or the Office of the State Inspector General (OSIG) for guidance and resources.

(b)-1 The agency policy requires the facility to use investigation protocol that is developmentally appropriate for the youth served by BAJCC.

115.321 (c)-1 The facility offers to all residents who experience sexual abuse access to forensic medical examinations. All SANE exams would be conducted at VCU-Children's Pavilion.

(c)-1 The policy explicitly states, "Residents who experience sexual abuse shall be given access to forensic medical examinations without financial cost where evidentiarily or medically appropriate." The facility submitted a memo explaining that the facility received zero (0) allegations of sexual abuse requiring a SANE examination. All forensic exams will be conducted at the Virginia Commonwealth University Health System Authority (VCUHS) and indicated in the signed and dated memorandum of agreement.

115.321 (d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.

2. No medical staff employed by DJJ shall conduct forensic examinations. When a forensic examination is required, the resident shall be transported to a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner. [28 CFR § 115.335(b)]

(d)-1 The facility policy indicates the facility would attempt to make a victim advocate from a rape crisis center available to the resident. Since the 2018 PREA audit BAJCC entered into an agreement with YWCA of Richmond. YWCA has entered into an agreement where they will provide the resident with confidential emotional support services as it relates to their sexual abuse experience.

115.321 (e)-1 If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

3. The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by making available the mailing addresses and telephone numbers (including toll-free numbers, if available) of victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible [28 CFR §115.353(a)]

115.321 (f)-1 If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the

agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Check NA if the agency/facility is responsible for administrative and criminal investigations.

Interviews:

- **PREA Coordinator**
- **SANE Staff**
- **Random Staff**

Interviews with a variety of staff from different classifications indicate residents who require a forensic examination will be transported to the Virginia Commonwealth University Children's Pavilion where SANE exams are conducted by trained and certified SANE examiners. Additionally, the VCUCP will provide testing, STD Prophylaxis and options as medically determined. Upon the residents return to the facility, the medical staff will provide care according to the doctor's orders. Most follow-up care can be provided by the facility medical professionals; but in those instances where it has been determined that the care cannot be provided at the facility the medical staff in collaboration with the security staff will make arrangements to transport the resident to the VCUCP.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. DJJ Investigations Unit Website 4. 11 Investigation Reports <p>115.322 (a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be investigated promptly, thoroughly and objectively. [28 CFR § 115.322(a); §115.371(a)]</p> <p>(a)-1 All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be investigated promptly, thoroughly, and objectively. Criminal investigations are referred to the Virginia State Police. The facility PAQ reports a total of thirty-two (32) reports; thirty-two (32) resulted in an administrative investigation and zero (0) resulted in a criminal investigation. As of the date of the onsite audit all administrative and criminal investigations have been completed.</p> <p>115.322 (b)-1 The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>1. DJJ shall have a policy 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. DJJ shall publish this policy on its website. The agency shall document all such referrals. [28 CFR §115.322(b)]</p> <p>a. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both DJJ and the investigating entity. [28 CFR § 115.322(c)]</p> <p>115.322 (b)-3 The facility provided all thirty-two (32) investigation reports for the auditor to</p>

review. Eleven (11) investigation reports were reviewed by the auditor to determine if there is a theme that the agency/facility should assess for safety. In reviewing the investigation reports it appears the Investigation Unit mostly investigated cases of sexual harassment and no contact sexual misconduct.

Interviews:

- Superintendent
- Investigative Staff
- PREA Coordinator

The Virginia Department of Juvenile Justice has an established investigation team responsible for conducting all criminal and administrative investigations involving sexual abuse and sexual harassment allegations. The investigation unit is made up of eleven (11) trained investigators, who are former law enforcement officers with police powers. Allegations involving staff misconduct that are criminal in nature will be referred to the Virginia State Police for an investigation. DJJ investigators use an evidentiary standard of preponderance of the evidence when conducting administrative investigations to determine where allegations of sexual abuse and sexual harassment are substantiated. The investigators will provide in writing, a report of findings to the facility Superintendent for appropriate staff or resident discipline. Staff discipline will be administered by the facility administrators in collaboration with the human resource department.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 2. DJJ Basic Skills Training Lesson Plan 3. PREA Training Lesson Plan 4. PREA Online Training Records 5. PREA Training Transcripts <p>115.331 (a)-1 The agency trains all employees who may have contact with residents in the following matters (check all that apply and indicate where in training curriculum this information is covered):</p> <ol style="list-style-type: none"> 1. All DJJ employees who may have contact with residents shall be trained on the following: <ol style="list-style-type: none"> a. The zero-tolerance policy for sexual abuse and sexual harassment; b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; c. The right of residents to be free from sexual abuse and sexual harassment; d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. The dynamics of sexual abuse and sexual harassment in juvenile facilities; f. The common reactions of juvenile victims of sexual abuse and sexual harassment; g. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; h. How to avoid inappropriate relationships with residents; i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; j. The role of staff as a first responder should a resident disclose sexual abuse as detailed in the PREA Response Protocols; k. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and l. Relevant laws regarding the applicable age of consent. [28 CFR § 115.331(a)]

(a)-1 The agency policy indicates the staff receive training covering the 12 required modules. DJJ employees who have contact with residents receive annual refresher training on DJJ's current sexual abuse and sexual harassment policies and procedures.

115.331 (b)-1 Training is tailored to the unique needs and attributes and gender of the residents at the facility.

2. Such training shall be tailored to the unique needs and attributes of the residents of juvenile facilities and to the gender of the residents in each facility. The employee shall receive additional training if the employee is reassigned from a facility or unit that houses only male residents to a facility or unit that houses only female residents, or vice versa. [28 CFR §115.331(b)]

3. DJJ shall provide each employee who may have contact with residents refresher training on DJJ's current sexual abuse and sexual harassment policies and procedures every year. [28 CFR § 115.331(c)]

115.331 (b)-1 The training curriculum is tailored to the unique needs and attributes and male and female residents. The training was appropriate when the facility served male and female residents. It is possible that the BAJCC will continue to utilize the same training curriculum since it is possible that the female residents will return.

115.331 (d)-1 The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

6. DJJ shall maintain documentation of all training, including the employee, volunteer or contractor's signature or electronic verification that he/she understands the training. This shall be done using either the PREA Training Acknowledgement for Staff Form (Attachment #1) or the PREA Volunteer and Contractor Acknowledgement Form (Attachment #2) [28 CFR § 115.331(d); § 115.332(c)]

Interviews:

- PREA Coordinator**
- Specialized Staff**
- Random Staff**

Interviews with the staff representing all shifts and various job classifications indicated that they all complete training annually and participate in periodic refresher trainings as-needed. Specialized staff reported opportunities in the past that allowed them to receive PREA training off-site and with multidisciplinary teams. All staff were proficient in communicating their responsibilities upon receiving a disclosure. The training curriculum provided to the auditor

demonstrates that the training information includes the agency zero-tolerance policy and the facility procedures, responsibilities as a first responder and staff and resident's rights to be free from retaliation when they cooperate with an investigation or make a report. Staff interviews demonstrated that the staff were sufficiently trained and understand that they have the ability to report allegations of sexual abuse and sexual harassment privately. They shared that they can make a report directly to the hotline, to their supervisor or through the Ombuds Program Line.

The PREA Coordinator provided the PREA auditor with training bulletin utilized to train staff on their option to make a private report. The bulletin says the staff have four (4) options: 1) report up the chain of command, 2) contact the facility PREA Compliance Manager, 3) contact the DJJ PREA Coordinator, and 4) leave a message on the Ombuds Program Line.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with the standard regarding employee training. No corrective action is required.

115.332 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Signed PREA Volunteer and Contractor Acknowledgement Form
4. Annual Volunteer Training from April 23, 2019
5. Volunteer Banquet Sign-in Sheet
6. Volunteer and Contractors: A Guide on the Prison Rape Elimination Act (English and Spanish)
7. Volunteer Handbook 2019 Edition
8. Updated Volunteer List
9. Volunteer PREA Training Lesson Plan
10. Volunteer PREA Training Presentation

115.332 (a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

1. DJJ shall train all volunteers and contractors who have contact with residents on their responsibilities under DJJ's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 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, but this training shall include, at a minimum, notification of DJJ's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report any such incidents [28 CFR § 115.332(a) and (b)]. The appropriate level and type of training of volunteers and contractors who have contact with residents may be determined based on the following table:

Services Provided/Level of Contact with Residents	Minimum Training Level/Type
Incidental Contact with Residents (e.g., construction Crews)	Written materials
Supervised Contact with Residents (e.g., interpreters, volunteers, interns)	Written materials
Unsupervised Contact with Residents (e.g., medical professionals, contract employees, etc.)	Formal training with a lesson plan
	If applicable, specialized training related to responsibilities

6. DJJ shall maintain documentation of all training, including the employee, volunteer or contractor's signature or electronic verification that he/she understands the training. This shall be done using either the PREA Training Acknowledgement for Staff Form (Attachment #1) or the PREA Volunteer and Contractor Acknowledgement Form (Attachment #2) [28 CFR § 115.331(d); § 115.332(c)]

Interviews:

- **Contract Staff**
- **Volunteer**

DJJ will train all volunteers and contractors who have contact with residents on their responsibilities under DJJ's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All contract employees with unsupervised contact with residents will receive formal training utilizing the same lesson plan as the facility employees, and where applicable they will receive specialized training related to responsibilities. The facility PAQ indicates three-hundred seventy-one (371) volunteers and contractors who have contact with residents; and they have received PREA training which addressed sexual abuse and sexual harassment prevention, detection, and response. The facility provided signed training logs and training transcripts to that demonstrate compliance. An interview with a volunteer communicated that he received the PREA training once his background check cleared and he was approved to have contact with the residents. He said he understands that his responsibility is to report any allegation to the security staff, a shift supervisor and the Volunteer Coordinator.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding volunteer and contractor training. No corrective action is required.

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. PREA Brochure (English and Spanish) 4. PREA Peer Education Handout 5. PREA Peer Education Training Manual 6. PREA Peer Education Curriculum 7. PREA Resident Poster 8. Virginia DJJ Memorandum Re: Resident Education 9. PREA Youth Safety Guide for Secure Facilities and Residential Placements (English and Spanish) 2020 Edition <p>115.333 (a)-1 Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>1. During the intake process, residents shall receive information explaining, in an age appropriate fashion, DJJ's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The receipt of this information shall be documented using the Intake PREA Brochure Acknowledgement Form (Attachment #3) in addition to the Intake/Orientation form (DIS-008) to be placed in the residents master and transfer files. [28 CFR § 115.333(a)]</p> <p>(a)-1 During the intake process, residents receive information explaining in an age appropriate fashion DJJ's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. According to the PAQ the facility admitted one hundred twenty (120) residents in the past 12 months, and all of the new admissions received the comprehensive age-appropriate education. During the residents intake process the facility will provide a resident the PREA brochure in English or Spanish. During the interview with the resident who identified as limited English speaking he indicated that he received the PREA brochure in Spanish. The facility provided the auditor with a sample of resident signed Intake/Orientation forms from the past 12 months which demonstrated that the resident's received PREA information upon intake.</p> <p>115.333 (b)-1 The number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:</p>

2. Within the first ten (10) days of arrival at the facility, residents shall attend the VADJJ PREA Peer Education where they will be instructed by a trained peer educator(s). VADJJ PREA Peer Education shall be supervised by Bon Air Staff. New residents shall receive comprehensive age-appropriate information (either in person or through video) regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and all aspects of DJJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. [28 CFR § 115.333(b)] Information shall include the following topics:

- a. Definition of sexual abuse and sexual harassment and behavior prohibited by staff, contractors, volunteers and other residents;**
- b. Strategies to prevent sexual abuse and sexual harassment;**
- c. Reporting sexual abuse and sexual harassment (see section 7.0 below);**
- d. Department policies and procedures for responding to such incidents;**
- e. Their rights to be free from retaliation for reporting such incidents;**
- f. Availability of treatment and counseling; and**
- g. Availability and use of Resident PREA Hotline (#55).**

5. Residents shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. [28 CFR § 115.333(c)]

6. Such information (to include written materials) shall be provided in formats accessible to all residents, including residents who are deaf or hard of hearing; blind or visually impaired; have intellectual, psychiatric or speech disabilities or are otherwise disabled; or who have limited reading skills or are limited English proficient. DJJ shall 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 such residents. Ensuring access shall include, when necessary to ensure effective communication, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, for residents who are limited English proficient, deaf or hard of hearing. [28 CFR § 115.316(a) and (b); § 115.333(d)]

115.333 (e)-1 The agency maintains documentation of resident participation in PREA education sessions.

8. Documentation that residents have received such information and training shall be maintained using the Intake/Orientation form (DIS-008) and placed in the resident's master and transfer files. The PREA Coordinator and PREA Compliance Manager shall also document this training using the Peer Education Acknowledgement Form (Attachment #4). [28 CFR § 115.333(e)]

9. DJJ shall ensure that key information (relating to 5.2(2) above) is continuously and readily available or visible to residents through posters, resident handbooks, or other written

formats. [28 CFR § 115.333(f)]

Interviews:

- **Random Staff**
- **Residents**

All of the residents interviewed acknowledged that they received PREA information immediately upon admission into the facility; they stated the information is provided within hours of their arrival. Each resident remembered being informed about their right to be free from sexual abuse and sexual harassment, and the different reporting mechanisms. The youth communicated they received additional PREA information when they participated in the peer-to-peer educations, which typically took place within their first week of admission. During a review of the documentation provided and a review of the documentation maintained in the resident's files it shows the residents sign the form indicating they received the "How to Report Sexual Abuse Pamphlet. The auditor observed that the date on the form coincides with their admission date. There was another form titled "Intake/Orientation" that includes PREA information that had a date that was on the same date as the resident's admission. The facility provided the "PREA Peer Education" form that was dated within 10-days of the residents admission. During the facility tour the auditor noticed strategically placed PREA zero-tolerance posters throughout the facility. The intake staff interviewed during the onsite audit communicated they utilize the orientation guide to provide the resident's with as much information as possible to keep the residents' safe.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds compliance with this standard regarding resident education. No corrective action is required.

115.334 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Investigator Training Transcript
4. Investigator Training Certificates

115.334 (a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check NA if the agency does not conduct administrative or criminal sexual abuse investigations.

1. In addition to the general training provided to all employees under 1.03-5.1, DJJ investigators, including designated facility PREA investigators, who conduct investigations into sexual abuse and sexual harassment, shall receive specialized training in conducting investigations in the correctional center setting. [28 CFR § 115.334(a)] Training shall include:

- a. Techniques for interviewing juvenile sexual abuse victims;
- b. Proper use of Miranda and Garrity warnings;
- c. Sexual abuse evidence collection in confinement settings; and
- d. The criteria and evidence required to substantiate a case for administrative action or prosecution referral. [28 CFR § 115.334(b)]

2. DJJ shall maintain documentation of such training. [28 CFR § 115.334(c)]

3. Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations. [28 CFR § 115.334(d)]

Interviews:

- Two Investigators
- PREA Coordinator
- PREA Compliance Manager

The auditor interviewed investigative staff who indicated they completed the NIC investigator training in the past and have more recently completed the DJJ-PREA training. It was also stated that the investigation unit will seek training opportunities outside of the agency. A review of the training transcripts provided for review show that investigators have participated in

trainings with investigating sexual abuse and sexual harassment objectives. Such trainings include: human trafficking, understanding and responding to crimes against children, investigating sexual misconduct, and dynamics of victimization in child sexual abuse cases.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for investigations. No corrective action is required.

115.335 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Mental Health Professionals Training Transcript
4. PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting Training Certificates
5. Medical Professionals Training Transcript
6. PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting Training Certificates
7. Mental Health and Medical Professionals Training Transcripts for 2020

115.335 (a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. Full and part-time employees and contractual medical practitioners and QMHPs who work regularly within the facility shall have training in the following:

- a. **How to detect and assess signs of sexual abuse and sexual harassment;**
- b. **How to preserve physical evidence of sexual abuse;**
- c. **How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and**
- d. **How to report allegations or suspicions of sexual abuse and sexual harassment and to whom. [28 CFR § 115.335(a)]**

2. No medical staff employed by DJJ shall conduct forensic examinations. When a forensic examination is required, the resident shall be transported to a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner. [28 CFR § 115.335(b)]

3. DJJ shall maintain documentation of such training. [28 CFR § 115.335(c)]

4. Medical practitioners and QMHPs shall also receive the training mandated under 1.03-5.1 for employees or for contractors and volunteers, depending upon the practitioner's status. [28 CFR § 115.335(d)]

Interviews:

- **Medical Staff**

All interviewed medical and mental health professionals confirmed they have completed the specialized training, “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting” as well as the standardized PREA training for all staff. As far as the specialized training only portions of the training are applicable since the facility does not conduct SANE exams. The behavioral health staff confirmed completing the specialized training, “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting.”

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for medical and mental health care. No corrective action is required.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. DJJ – Vulnerability Assessment Tool Training Transcript 4. Virginia DJJ Vulnerability Assessment Tool (reviewed a sample of 20) <p>115.341(a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <ol style="list-style-type: none"> 1. Within 72 hours of a resident’s arrival to a facility (both initial and transfers), the counselor shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The counselor shall complete the Vulnerability Assessment in BADGE as part of the orientation process and at least every 90 calendar days thereafter. In the absence of the counselor, the CC or CM shall complete the assessment. Upon each completion, the assessment shall be printed from BADGE and a copy shall be placed in the resident’s Master and Transfer Files. The completion of the assessment shall also be documented on the Intake/Orientation form (DIS-008). If new information is obtained during the intake process or throughout the resident’s commitment, the counselor shall complete a new Vulnerability Assessment. [28 CFR § 115.341 (a) and (b)] 3. Information shall be gathered through conversations with residents during the intake process, medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records and other relevant documentation from residents’ files. [28 CFR § 115.341(d)] Information to be gathered shall include: <ol style="list-style-type: none"> a. Prior sexual victimization or abusiveness; b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; c. Current charges and offense history; d. Age; e. Level of emotional and cognitive development; f. Physical size and stature; g. Mental illness or mental disabilities;

h. Intellectual or developmental disabilities;

i. Physical disabilities;

j. The resident's own perception of vulnerability; and

k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. [28

CFR § 115.341(b)]

5. The information gathered relating to (3 and 4) above shall remain confidential.

Information shall be disseminated in a manner that ensures sensitive information is not exploited to any resident's detriment by staff or other residents. [28 CFR § 115.341(e)]

(a)-1 Within 72 hours, but generally within 24 hours the counselor assigned to the youth will complete the Vulnerability Assessment. The assessment is completed as part of the orientation process. The assessment is completed during or after the initial admission and at least every 90 calendar days thereafter. The Vulnerability Assessment will be completed in BADGE (the facilities case management system). A copy shall be printed and placed in the resident's Master and Transfer file. The information will also be documented on the

Intake/Orientation form. If new information is obtained during the intake process or throughout the resident's commitment, the counselor will complete a new Vulnerability Assessment.

Interviews:

- Intake Staff**
- Random Residents**

Counselors, Community Coordinators, and Community Managers are trained to administer the Vulnerability Assessment but counseling staff are primarily responsible for the initial screening. The Vulnerability Assessment is completed within 24-hours of the resident's admission. The supporting documentation demonstrated periodic reviews and reassessments while the resident is residing in the facility. Every 90-days a resident will be reassessed and the process is a paper review as well as a conversation with the resident (The reassessment process is completed in the computer system, as is the initial vulnerability assessment). The PREA Coordinator stated the Vulnerability Assessment tool was updated since the last audit, to be a more objective tool and computerized. The updated tool captures residents who are moderate and high risk of sexual victimization and moderate to high risk of perpetrating sexual abuse. The facility has access to collateral information to assist with identifying victims of sexual abuse and those at risk for perpetrating sexual abuse. The tool also pulls information for the residents history of adjudication and chargeable offense received while in a DJJ facility that are sexual in nature, this information is pre-populated. The PREA Compliance Manager stated the new risk screening tool was implemented in July 2020. The new tool can be completed electronically and the data entered will auto-populate a risk score that is used to assist in

determining the residents housing decision.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. Placement Meeting Notes Re: youth who identifies as transgender 4. Status Review Notes Re: youth who identifies as transgender <p>115.342 (b)-1 The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>6. DJJ facilities shall use the information gathered during intake screenings or any time during commitment to make housing, bed, program, education and work assignments for residents, with the goal of keeping all residents safe from sexual abuse. [28 CFR §115.342(a)]</p> <p>(a)-1 The policy requires the facility to use the information gathered during intake screening or any time during their commitment to make housing, bed, program, education, and work assignments for residents, with the goal of keeping all residents safe from sexual abuse.</p> <p>(b)-1 Resident's may be placed in protective custody away from other residents only as a last resort when less restrictive measures are inadequate for the safety of the resident and others, and only until an alternative can be safely arranged. The policy that residents have access to the same basic rights as residents in general population and shall not be denied daily large-muscle exercise or any legally required educational programming or special education services. The residents will receive daily visits from medical or mental health care clinicians, as well as access to other programs and work opportunities to the extent possible. The facility PAQ indicates there have been zero (0) incidents of residents being placed in protective custody as a result of disclosing sexual abuse or to protect them from an imminent threat of sexual abuse.</p> <p>115.342 (c)-1 The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.</p> <p>8. A resident shall not be placed in any housing or programming based solely on the resident's identification as lesbian, gay, bisexual, transgender or intersex. A resident's identification as</p>

lesbian, gay, bisexual, transgender or intersex shall not be considered as an indicator of likelihood of being sexually abusive. [28 CFR § 115.342(c)]

(c)-1 According to the policy, a resident will not be placed in any housing or programming based solely on the resident's identification as lesbian, gay, bisexual, transgender or intersex (LGBTI). LGBTI residents shall not be considered as an indicator of likelihood of being sexually abusive.

115.342 (d)-1 The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis

9. Decisions to place transgender or intersex residents in a male or female facility or unit, along with other housing and programming decisions and assignments, shall be made on a case-by-case basis ensuring each resident's health and safety and considering the impact of the placement on population management and security. [28 CFR § 115.342(d)]

10. Placement and programming decisions for transgender or intersex residents shall be reassessed at least twice a year by the Classification and Treatment Services Team (CTST) to review any threats to the resident's safety. The resident's perception of their own safety shall be given serious consideration. [28 CFR § 115.342(e) and (f)]

13. Transgender and intersex residents shall be allowed to shower separately from other residents. [28 CFR § 115.342(g)]

(d)-1 Decisions to place a resident who identifies as transgender or intersex in a male or female facility or unit, along with other housing and programming decisions and assignments, will be made on a case-by-case basis ensuring each resident's health and safety and considering the impact of the placement on population management and security. Placement and programming decisions will be reassessed at least twice a year by the Classification and Treatment Services Team (CTST).

115.342 (i)-1 If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

7. Residents may be placed in protective custody away from other residents only as a last resort when less restrictive measures are inadequate for the safety of the resident and others and only until an alternative can be safely arranged in accordance with VOL IV-4.1-2.28 (Special Housing). Residents placed in protective custody shall have access to the same basic rights as residents in general population and shall not be denied daily large-muscle exercise or any legally required educational programming or special education services. These residents shall receive daily visits from medical or mental health care clinicians in accordance with VOL IV-4.3-5.08 (Medical Management of Residents in Special Housing). They shall also have access to other programs and work opportunities to the extent possible. [28 CFR §

115.342(b)] Any protective custody placements shall document:

- a. The basis for the facility's concerns for the resident's safety;**
- b. The reasons no alternative way of separation can be arranged; and**
- c. The need for protective custody shall be reviewed a minimum of every two (2) weeks to determine if there is a continuing need for separation from the general population in accordance with case management procedures. [28 CFR § 115.342(h)]**

Interviews:

- Intake Staff**
- Random Staff**
- Random Resident**

Prior to the auditors on-site visit and during the pre-audit phase she reviewed the documents provided to her and reviewed the Case Consultation meeting notes that was held to discuss the appropriate programming available to a resident who identified as transgender. The meeting was organized and facilitated by the PREA team and included a multidisciplinary approach. It was decided by the multidisciplinary team to house the resident with male residents as a result of their adjudicating charge. During the interview with the resident she acknowledged understanding the facility's decision and expressed that she was okay with being housed in an all-male facility. She stated she feels respected by staff and other residents and feels safe at BAJCC.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding use of screening information. No corrective action is required.

115.351 Resident reporting
Auditor Overall Determination: Meets Standard
Auditor Discussion
<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. Virginia DJJ SOP VOLIV-4.1-1.01 Incident Reports 4. Virginia DJJ SOP VOLIV-4.1-1.15 Resident Grievance and Complaint/Request Procedure 5. PREA Staff Poster 6. Ombuds Brochure (English and Spanish) 7. MOU between DJJ and YWCA of Richmond 8. DJJ Memorandum Re: Resident Reporting Dated March 11, 2020 <p>115.351 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <ul style="list-style-type: none"> • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • staff neglect or violation of responsibilities that may have contributed to such incidents. <p>1. Residents shall be provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to include:</p> <ol style="list-style-type: none"> a. Grievance; b. Emergency Grievance; c. PREA Hotline; d. Staff; e. Written request; or f. Medical Service Request. [28 CFR § 115.351(a)] <p>115.351 (b)-1 The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>2. Residents shall also be provided at least one way to report abuse or harassment to a public</p>

or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This service is provided by the Young Women's Christian Association (YWCA) Richmond. [28 CFR § 115.351(b)]

(b)-1 Residents are provided with multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to include:

- a. Grievance;
- b. PREA reporting line;
- c. Staff;
- d. Written request; or
- e. Medical Service Request.

The DJJ policy states, "Residents shall also be provided at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This service shall be provided by the Young Women's Christian Association (YWCA). The facility makes the number for YWCA available to the residents through the hotline. The residents should dial #55 and pick option #2.

115.351 (b)-2 The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

(b)-2 The facility does not detain residents solely for civil immigration purposes.

115.351 (c)-1 The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

Staff Reporting of Sexual Abuse or Sexual Harassment

1. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in accordance with VOL IV-4.1-1.01 (Incident Reports). [28 CFR § 115.351(c)]

3. Staff shall provide residents with the tools necessary to make a written report at their request and shall assist residents who cannot complete a written report themselves. [28 CFR

§115.351(d)]

6. Staff may use one of the Ombuds Program numbers (833-941-1370 [toll free] or 804-323-0888) to privately report sexual abuse and sexual harassment of residents. [28 CFR

§115.351(e)]

(c)-1 Staff are required to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Interviews:

- **Random Staff**
- **Random Residents**

The residents were able to communicate there are multiple ways to internally report allegations of sexual abuse, sexual harassment, or retaliation. During the resident interviews he stated they can report to staff, file a grievance, call #55, or talk to their parents or legal guardian. All of the residents were able to communicate methods of external reporting which included dialing #55; option #2. The facility provided the auditor with posters and brochures where the Greater Richmond Regional Hotline number and address was boldly printed.

All staff interviews indicated the staff understand that they have a duty to report sexual abuse and sexual harassment allegations made verbally, in writing, anonymously and from third parties. Every staff interview communicated that they understand they can privately make a report to the Ombuds Program, directly contacting the PREA Coordinator, or reporting directly to campus supervisor on duty. The staff are required to document the reports as soon as possible but no later than the end of their shift.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. Virginia DJJ SOP VOLIV-4.1-1.15 Resident Grievance and Compliant Request 4. Resident Handbook 2019 Edition 5. Two (2) Investigation Reports 6. <p>115.352 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>(a)-1 A resident who makes an allegation of sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance will not be referred to a staff member who is the subject of the complaint.</p> <p>115.352 (b)-1 Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.</p> <p>115.352 (c)-1 The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p>115.352 (f)-1 The agency has a policy established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.</p> <p>115.352 (f)-2 The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.</p> <p>115.352 (f)-5 The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.</p> <p>(b)-1 DJJ does not impose a time limit on when a resident can submit a grievance regarding an allegation of sexual abuse. The residents are not required to use any informal grievance process, or to otherwise attempt to resolve an alleged incident of sexual abuse.</p>

(f)-1 When the resident submits an emergency grievance the grievance will immediately be sent to the shift commander. The shift commander will determine if the grievance should be forwarded to an administrative level at which corrective action can occur. All emergency grievances require a one (1) hour response and eight (8) hours resolution.

115.352 (c)-2 The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

115.352 (d)-1 The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

5. PREA related grievances shall be addressed with in accordance with VOLIV-4.1-1.15 (Resident Grievances and Complaints) in addition to the guidelines provided below:

a. The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. [28 CFR § 115.352(b)(1)]

b. No resident shall be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. [28 CFR §115.352(b)(3)]

c. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to a staff member who is the subject of the complaint. [28 CFR § 115.352(c)]

d. The agency shall 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 shall not include time consumed by residents in preparing any administrative appeal. The Facility PREA Compliance Manager shall communicate this to the resident using the Investigative Outcomes Form (Attachment #5). [28 CFR § 115.352(d)(1) and (d)(2)]

i. The agency may claim an extension of time to respond, of up to 15 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. [28 CFR §115.352(d)(3)]

e. 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, the resident may consider the absence of a response to be a denial at that level. [28 CFR § 115.352(d)(4)]

(d)-1 In the past 12 months the facility received two (2) grievances alleging sexual harassment, none alleged sexual abuse. All grievances were resolved in a timely manner far exceeding the 90 days allowed in the standards.

115.352 (e)-1 Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

(e)-1 Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing a request for administrative remedies relating to allegations of sexual abuse and are permitted to file such requests on behalf of residents. The facility did not receive any third-party grievances alleging sexual abuse.

115.352 (e)-2 Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

f. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. [28 CFR §115.352(e)(1)]

g. The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. [28 CFR § 115.352(f)(1)]

i. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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; shall provide an initial response within 48 hours; and shall issue a final agency decision within five (5) calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. [28 CFR §115.352(f)(2)]

115.352 (g)-1 The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

h. DJJ may discipline a resident for filing a grievance related to alleged sexual abuse only where DJJ demonstrates that the resident filed the grievance in bad faith. [28 CFR § 115.352(g)]

Interviews:

- **PREA Coordinator**
- **Case Manager**

- **Random Residents**

Of the residents interviewed zero (0) reported filing a grievance to report sexual abuse or sexual harassment. All of the residents interviewed indicated they are aware they can use the grievance process to make a report. The residents stated they trust the grievance process but have not had an experience where they felt the need to resolve the issue through a grievance.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding exhaustion of administrative remedies. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. PREA Brochure (English and Spanish) 4. DJJ Memorandum Re: Resident Access to Outside Support Services and Legal Representation Dated March 11, 2020 5. MOU between DJJ and YWCA of Richmond, and the Hospital Accompaniment (RHART) <p>115.353 (a)-1 The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:</p> <ul style="list-style-type: none"> • Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. • Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes. • Enables reasonable communication between residents and these organizations, in as confidential a manner as possible. <p>3. The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by making available the mailing addresses and telephone numbers (including toll-free numbers, if available) of victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible [28 CFR §115.353(a)]</p> <p>a. Prior to giving them access, residents shall be informed of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. [28 CFR §115.353(b)]</p> <p>b. DJJ shall maintain or attempt to enter into memoranda of understanding or other similar agreements with community service providers able to provide residents with confidential emotional support services related to sexual abuse and shall maintain copies of agreements or documentation showing attempts to enter into such agreements. [28 CFR §115.353(c)]</p> <p>c. Residents shall have access to contact the following:</p> <p>i. PREA Hotline: Residents may press #55 to reach the PREA Hotline. Residents may select</p>

one (1) for reporting or two (2) for the emotional support line.

ii. YWCA Richmond, Director of Crisis Response: 6 N Fifth St., Richmond, VA23219

(a)-1 Residents will be provided access to the YWCA of Richmond; the Hospital Accompaniment (RHART) for emotional support services related to sexual abuse. The memorandum of agreement reviewed for this audit indicates that the facility has an agreement with YWCA of Richmond that the facility has provided the residents with reasonable and confidential access to their attorneys or legal representation because of a sexual abuse report and would allow them unimpeded access to a victim advocate.

(b)-1 The policy explicitly states, prior to giving the residents access to YWCA of Richmond and the Hospital Accompaniment they will be informed of the extent to which communication will be monitored and reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.353 (d)-1 The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.

115.353 (d)-2 The facility provides residents with reasonable access to parents or legal guardians.

4. Residents shall be provided with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. [28 CFR §115.353(d)]

(d)-1 Resident will be provided with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Interviews:

- Superintendent**
- PREA Coordinator**
- PREA Compliance Manager**
- Random Residents**

Residents have access to confidential access to their attorney or legal representation through mail; telephone calls on the unit that can be coordinated through their Case Manager. They have access to their parents or legal guardians through mail; telephones on the unit, and family visits. The onsite audit was conducted during a national pandemic which caused the facility to eliminate family visits to prevent the spread of COVID-19. The residents family visits are now being conducted through a virtual platform and the facility increased the residents

ability to make additional telephone calls. There are free phone calls, and a pay phone (blue phone) that the residents have access to.

During resident interviews it was consistently communicated that the residents can dial #55 and select option 2, which is the hotline to the Great Richmond YWCA; and they can also send communication through the U.S. postal service.

Staff interviews indicated the staff are aware of their mandatory reporting responsibilities and their reporting practices. The staff said they will inform their supervisor or the supervisor on duty, who will then make a report to Child Protection Services (CPS). When the call is made to CPS, the facility will be provided a referral number which can be used to track the status of the report.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

115.354	<p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. Two (2) Investigation Reports <p>(a)-1 DJJ accepts third-party reports of sexual abuse and sexual harassment on behalf of its residents through its Ombuds Program and makes the information available on how to make such a report on the facility website.</p> <p>2. DJJ shall post information on how to make such reports on its website. [28 CFR § 115.354]</p> <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Random Residents <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.</p>
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115.361 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA)
3. PREA Sexual Assault Response Checklist
4. Virginia DJJ SOP VOL 1-1.2-01 Staff Code of Conduct
5. Three Investigation Reports

115.361 (a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.

2. Staff, including medical practitioners and QMHPs, shall immediately report to the shift commander any knowledge, suspicion or information of any type regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of DJJ, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If the shift commander is the subject of the complaint, the staff shall notify the Administrator on Call (AOC). [28 CFR § 115.361(a) and (d)]

(a)-1 Staff, including medical practitioners and QMHPs, shall immediately report to the shift commander any knowledge, suspicion, or information of any type regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of DJJ. Retaliation and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation shall also be reported to Child Protection Services. If the shift commander is the subject of the complaint, the staff shall notify the Administrator on call.

3. Staff shall comply with any applicable mandatory child abuse reporting laws. [28 CFR §115.361(b)]

4. Medical practitioners and QMHPs shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality. [28 CFR § 115.361(d)(2)]

5. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff is prohibited from revealing any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. [28 CFR § 115.361(c)]

(c)-1 Staff are prohibited from revealing any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The report would be made to the supervisor, superintendent, investigators, PREA Compliance Manager, PREA Coordinator, and the resident would be seen by medical for an immediate crisis assessment.

Interviews:

- **Superintendent**
- **Medical & Mental Health Staff**
- **Random Staff**

Of the staff interviewed they were all able to share the multiple ways for staff and residents could make reports of sexual abuse and sexual harassment allegations. The staff acknowledged and understand that they are mandated reporters and have a responsibility to immediately make a report when they have knowledge, suspicion or information of any type regarding any incident of sexual abuse or sexual harassment. The staff state they would immediately make a report to their supervisor or shift commander who will make the other notifications per policy.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff and agency reporting duties. No corrective action is required.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOL IV-4.1-2.28 Special Housing 3. Eleven (11) Immediate Action Plans <p>115.362 (a)-1 When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>2. Facilities shall take immediate action to protect residents who report sexual abuse or residents who are deemed to be at substantial risk of imminent sexual abuse. Any use of protective custody or segregated housing shall be in accordance with 6.1(5) above. [28 CFR § 115.362; § 115.368]</p> <p>VOL IV-4.1-2.28</p> <p>Protective Custody (PC)</p> <ol style="list-style-type: none"> 1. Residents may be placed on PC by the superintendent or designee to ensure the safety of the resident. 2. The resident may request PC in writing when he/she feels his/her safety is at risk. The staff shall immediately forward the request to the shift commander. In emergencies, the resident may verbally make the request, but the verbal request shall be documented as soon as practicable thereafter. 3. Any staff who believes the safety of the resident is at risk shall notify the shift commander of the need for PC. 4. The shift commander shall complete the Special Housing Request form in accordance with 4.7 (1) below. 5. ICRC shall review the resident's case in accordance with 4.7 (2) below and complete the Protective Custody Intervention Plan. 6. PC is not a disciplinary segregation status. The resident shall be afforded all the opportunities as any other resident in the unit, including treatment, education, and as much time out of his/her room as security considerations allow. <p>(a)-1 The policy explains residents may request Protective Custody (PC) status in writing when</p>

he/she feels his/her safety is at risk. The staff will immediately forward the request to the shift commander. In emergencies, the resident may verbally make the request, but the verbal request shall be documented as soon as possible. Any staff who believes the safety of the resident is at risk shall notify the shift commander of the need for Protective Custody. The shift commander will complete the appropriate documentation and forward the form to the Institution Classification and Review Committee (ICRC). The policy is very clear that Protective Custody is not a disciplinary segregation status. The resident will be afforded all the opportunities as any other resident in the unit, including treatment, education, and as much time out of his/her room as security considerations allow. The facility PAQ indicates zero (0) residents have voluntarily or involuntarily been placed in Protective Custody to protect them from an imminent threat of sexual abuse.

A review of the eleven (11) Immediate Action forms demonstrate residents were separated from each other by placing perpetrators and victims of alleged incidents in separate groups, change of rooms assignments, change of unit assignment, and placed on “no contact status”. In those incidents where a staff member was involved reported allegations were severe enough that the staff were assigned to different work assignments.

Interviews:

- Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Random Staff

A review of documentation demonstrated that the facility consistently takes steps to ensure a resident’s sexual, physical and psychological safety by taking “Immediate Action” steps to ensure the residents well-being. Decisions were made to place the resident on “enhanced security protocol” which required staff to closely monitor the resident’s interactions with other residents. An allegation involving a staff member resulted in the staff member being placed on “non-contact” pending the outcome of the investigation. The facility would separate a resident by location or proximity if there was a risk of imminent sexual abuse to protect the resident. The facility has the ability to place the resident in a **room confinement status or behind a closed door** for a short period of time, but that would be if no other alternatives are a viable option. When a staff member is concerned about the safety of a resident they are expected to respond immediately to protect the resident.

Of the interviews and/or conversations the Auditor had with the facility/agency administrators (Director, Superintendent) they explained the actions they would take in the event that a resident is subject to a substantial risk of imminent sexual abuse. The facility has the option to change a resident’s room or could assign the resident to another unit. In the instances that a resident is identified as being at risk as result of their placement in the facility, a multidisciplinary team would convene to determine the necessary steps to take to protect the resident. If the alleged perpetrator is a staff member, the Superintendent or his designee would place the staff member on no contact status by reassigning them to an assignment that does not include resident contact or totally restricting their access to the facility. All of the interviewed residents denied that they had any feelings of or experienced an actual event that

made them feel that they were at risk of imminent sexual abuse. Also, every resident interviewed indicated that they felt safe at the facility and did not have any concerns about their safety.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection duties. No corrective action is required.

115.363	Reporting to other confinement facilities
	<p data-bbox="245 170 890 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 248 520 282">Auditor Discussion</p> <p data-bbox="245 327 588 360">Documentation Reviewed:</p> <ol data-bbox="288 427 1449 589" style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. DJJ Memorandum Re: Reporting to other confinement facilities Dated March 11, 2020 4. DJJ Memorandum Re: Reporting to other confinement facilities Dated July 20, 2020 <p data-bbox="245 701 1461 862">115.363 (a)-1 The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <ol data-bbox="245 902 1461 1413" style="list-style-type: none"> 1. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigating authority as detailed in Administrative Code 6VA35-71-70 (Suspected Child Abuse or Neglect). [28 CFR § 115.363(a)] 2. Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation. [28 CFR § 115.363(b)] 3. The facility shall document that it has provided such notification. [28 CFR § 115.363(c)] 4. The facility head that receives such notification shall ensure that the allegation is investigated in accordance with established guidelines. [28 CFR § 115.363(d)] <p data-bbox="245 1456 1445 1742">(a)-1 The policy requires upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility (Superintendent) that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigating authority. The notification shall be as soon as possible, but no later than 72 hours after receiving the allegation. According to the facility PAQ the facility received zero (0) allegations of a resident reporting they were sexually abuse while at another facility.</p> <p data-bbox="245 1859 389 1892">Interviews:</p> <ul data-bbox="296 1960 533 1993" style="list-style-type: none"> • Superintendent <p data-bbox="245 2107 400 2141">Conclusion:</p>

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.

115.364 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Virginia DJJ SOP VOLIV-4.1-2.05 Medical Sexual Assault Response Plan
4. DJJ Memorandum Re: Staff first responder duties Dated January 3, 2020

115.364 (a)-1 The agency has a first responder policy for allegations of sexual abuse. If YES, the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to (check all that apply):

- (1) Separate the alleged victim and abuser**
 - (2) Preserve And protect any crime scene until appropriate steps can be taken to collect any evidence.**
 - (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.**
 - (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.**
- 1. The first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall:**
- a. Take immediate steps to protect the alleged victim by separating the alleged victim and abuser.**
 - b. Immediately contact the shift commander unless the shift commander is the subject of the allegation in which case the first responder shall contact the AOC.**
 - c. The shift commander, or Administrator on Call (AOC) if the shift commander is the subject of the allegation, shall begin the Sexual Assault Response Checklist (Attachment #9).**
 - d. If the first staff responder is not a security series staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security series staff.**
 - e. Ensure that constant one to one supervision of the alleged victim is maintained until another**

staff member assumes this responsibility. [28 CFR § 115.364]

f. Protect victim's privacy by limiting shared information.

g. Complete an Institutional Incident Report (IIR) and submit to Shift Commander.

2. Upon receiving notification of an alleged incident, the shift commander shall:

a. Call for a medical practitioner's immediate response to the location or instruct staff to transport the alleged victim to the medical department.

b. Ensure that all involved individuals have been separated and constant one to one supervision of the alleged victim(s) and the alleged abuser(s) is maintained.

c. If the abuse occurred within a time period that still allows for the collection of physical evidence (e.g., within 120 hours from the time the abuse allegedly occurred):

i. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and

ii. Prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

d. Ensure that any potential crime scene is preserved and protected until appropriate steps can be taken to collect any evidence. [28 CFR § 115.364]

3. The PREA Response Protocols shall be individualized for each facility, posted in each housing unit and other areas designated by the superintendent, and covered in training provided to all staff. Each superintendent shall be responsible for ensuring their facility specific protocol has been posted.

(a)-1 The DJJ policy requires the staff to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical practitioners, QMHPs, investigators and facility administrators. In the past 12 months, the facility received thirteen (13) allegations that a resident was sexually abused. Of the allegations received zero (0) incidents involved sexual contact that would have required the collection of physical evidence.

Interviews:

- Staff First Responders
- Random Staff

During staff interviews the staff were able to effectively communicate and convince the auditor that they are aware of their first responder duties. Every staff member stated they would immediately separate the victim from the alleged perpetrator, keep the resident under their supervision, inform their supervisor, and draft a written report. This auditor was satisfied that the staff are aware that they are not responsible for evidence collection and would instead secure the area to allow the investigation unit to collect the evidence.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff first responder duties. No corrective action is required.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. DJJ Sexual Abuse Coordinated Response Plan 4. DJJ PREA Sexual Abuse Response & Initial Notifications <p>1. Each facility shall coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical practitioners, QMHPs, investigators and facility administrators in accordance with the PREA Response Protocols and VOLIV-4.1-2.00 (Development of Post Orders). [28 CFR § 115.365]</p> <p>Interviews:</p> <p>The facility has developed a very easy to read and easy to follow flow-chart that instructs staff of their step-by-step response when responding to an allegation of sexual abuse. The staff interviews indicated that their immediate response would be to ensure the residents safety by separating the resident from the alleged perpetrator. If the allegation involves a staff member, the Superintendent has the option to place the staff member on no resident contact or place the staff member on administrative leave. If the sexual abuse allegation is resident-on-resident the residents will immediately be separated from each other; either by proximity or by moving the alleged perpetrator to another unit. The staff member who received the allegation will refer the resident to medical for a crisis assessment. Medical staff will determine the medical needs of the resident and the the supervisor in charge will coordinate with others if there is a need to transport the youth outside of the facility. All notifications will be made by the supervisor, who will contact the Superintendent, Child Protective Services; and in those instances where the Virginia State Police should be called the investigations unit will initiate contact. In emergent situations the staff will dial 911.</p> <p>While touring the facility, the auditor observed that the facility PREA Response Plan was posted on the units inside of the staff offices.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. DJJ Memorandum Re: Preservation of Ability to Protect Residents from Contact with Abusers Dated March 11, 2020 3. DJJ Memorandum Re: Preservation of Ability to Protect Residents from Contact with Abusers Dated July 20, 2020 <p>Interviews:</p> <ul style="list-style-type: none"> • Superintendent <p>The PREA Coordinator provided a memo dated July 20, 2020, which said, “In accordance with Code of Virginia, collective bargaining is prohibited. Per § 40.1-57.2, “No state, county, municipal, or like governmental officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service.”</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. DJJ Memorandum Re: Agency protection against retaliation Dated March 11, 2020
4. DJJ Memorandum Re: Agency protection against retaliation Dated July 20, 2020
5. PREA Retaliation Against Residents Monitoring Report (Sample size 6)

115.367 (a)-1 The agency has 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.

1. All residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. [28 CFR § 115.367(a)]
2. Protection measures may include 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. [28 CFR § 115.367(b)]

For at least 90 days following a report of sexual abuse, the Facility PREA Compliance Manager shall monitor the conduct or treatment of residents who reported the sexual abuse or sexual harassment, and of residents who were reported to have suffered sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by residents or staff. Such monitoring shall include review of disciplinary reports and housing or program changes and conducting periodic status checks, including interviews with the resident, at least every thirty (30) days. The monitoring shall be documented on the Retaliation Monitoring Form-Residents (Attachment #7). Monitoring for retaliation shall continue beyond 90 days if the initial monitoring indicates a continuing need. [28 CFR §115.367(c) and (d)]

3. The PREA Coordinator shall monitor staff who reported sexual abuse against a resident for at least 90 days following a report to see if there are changes that may suggest possible retaliation. Monitoring shall include contacting the DJJ Employee Relations Manager to determine if any negative performance reviews, corrective and/or disciplinary actions, and/or adverse employment actions have occurred. Monitoring shall also include reassignments and interviews with the staff member. Such monitoring shall be documented on the Retaliation Monitoring Form-Staff (Attachment #8). Monitoring for retaliation shall continue beyond 90 days if the initial monitoring indicates a continuing need. Staff who feel retaliated against may call the Ombuds Program at either (833) 941-1370 (toll free) or (804) 323-0888. [28 CFR § 115.367(c)]

4. If any individual who cooperates with an investigation expresses a fear of retaliation, DJJ shall take appropriate measures to protect that individual against retaliation using the same monitoring process provided in 7.6 (2-3) above. [28 CFR § 115.367(e)]

5. Any identified instances of retaliation shall be acted on promptly under VOL I-1.2-01 (Staff Code of Conduct) or VOL IV-4.1-1.16 (Resident Discipline), as appropriate.

6. DJJ's obligation to monitor shall terminate if the allegation is determined to be unfounded. [28 CFR § 115.367(f)]

(a)-1 All residents and staff members who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other residents or staff. The agency has designated the facility PREA Compliance Manager as the staff member responsible for monitoring possible retaliation.

(c)-1 The protection measures may include 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. Retaliation monitoring will last for at least 90 days following a report of sexual abuse by the facility's PREA Compliance Manager; the monitoring will be documented on the PREA Retaliation Against Residents Monitoring Report. The facility PAQ reports zero (0) incidents of retaliation in the past 12 months.

Interviews:

- Superintendent PREA
- Coordinator Random
- Staff Interviews
- Random Resident Interviews

Interviews with the director, superintendent, and PREA Coordinator indicates that DJJ takes reports of retaliation very serious and there is zero tolerance for anyone (residents or staff) retaliating against anyone who reports or participates in a sexual abuse investigation. The facility PREA Compliance Manager is responsible for monitoring residents for retaliation. During her interview she stated she monitors the residents behavior incidents that might reflect he is being targeted and she will also have face-to-face contact with the resident to check on them. She stated she tries to be as discrete as possible as to not bring attention to the youth and make him a target. A review of the PREA Retaliation Against Residents Monitoring Report shows the PREA Compliance Manager has the option of reviewing several documents which include, disciplinary reports, safety plan, housing changes, program notes, and treatment notes. She stated she is responsible for monitoring retaliation for 90-days and will only terminate monitoring if the resident leaves prior to the 90-days. If the resident request termination of retaliation monitoring, the monitoring will continue in a less obvious manner. In those instances where there is retaliation the facility will separate the resident and refer the allegation to the investigation unit. The PREA Coordinator stated she will monitor incidents of retaliation when the allegation involves a staff member.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection against retaliation. No corrective action is required.

115.368 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOL IV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Virginia DJJ SOP VOL IV-4.1-2.28 Special Housing
4. DJJ Memorandum Re: Post-allegation Protective Custody Dated January 3, 2020
5. DJJ Memorandum Re: Post-allegation Protective Custody Dated March 11, 2020
6. DJJ Memorandum Re: Post-allegation Protective Custody Dated July 20, 2020

115.368 (a)-1 The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

2. Facilities shall take immediate action to protect residents who report sexual abuse or residents who are deemed to be at substantial risk of imminent sexual abuse. Any use of protective custody or segregated housing shall be in accordance with 6.1(5) above. [28 CFR § 115.362; § 115.368]

Interviews:

PREA Coordinator

- **(a)-1 The Bon Air staff are expected to take immediate action to protect residents who report sexual abuse or residents who are deemed to be a substantial risk of imminent sexual abuse. When residents are placed in protective custody placements the status is a special housing decision; residents may be temporarily placed in special housing in order to maintain the safety and security of the identified resident, other residents, or staff to maintain security or operations of the facility. The facility PAQ reports zero (0) residents were placed in Protective Custody as a result of a sexual abuse allegation in the past 12 months. During the on-site audit the facility had six (6) residents being housed in the medical building on quarantine status. As a result of the national pandemic the residents were not able to participate in programming and their contact with staff was limited, and contact with other residents was prohibited.**

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the

facility is in compliance with this standard regarding post-allegation protective custody. No corrective action is required.

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- 1. Facility PREA Audit Questionnaire
- 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
- 3. Virginia DJJ SOP VOLI-1.7-01 The Role and Responsibilities of the Investigative Unit and Personnel Reporting Responsibilities
- 4. DJJ Memorandum Re: Criminal and Administrative Agency Investigations Dated March 11, 2020
- 5. DJJ Memorandum Re: Criminal and Administrative Agency Investigations Dated July 20, 2020
- 6. Report of Investigative Findings (Sample of 15)

115.371 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.

All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be investigated promptly, thoroughly and objectively. [28 CFR § 115.322(a); §115.371(a)]

2. All allegations of sexual abuse shall be investigated by investigators who have received special training in sexual abuse investigations involving juvenile victims in accordance with 5.4 above.[28 CFR § 115.371(b)]

6. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. [28 CFR §115.371(c)]

(a)-1 Allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are investigated promptly, thoroughly and objectively. All criminal administrative sexual abuse and sexual harassment allegations are investigated by the DJJ Investigation Unit, which has law enforcement power. And, when an allegation involves a staff member the case will be referred to the Virginia State Police.

(b)-1 Allegations of sexual abuse shall be investigated by investigators who have received special training in sexual abuse investigations involving juvenile victims. The auditor reviewed fifteen (15) investigation reports and could see where the investigator assigned to the case accepted the allegation as serious and conducted a thorough investigation.

115.371 (d)-1 The agency does not terminate an investigation solely because the source of

the allegation recants the allegation.

115.371 (i)-1 Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

7. Investigations shall not be terminated based solely on the source of the allegation recanting the allegation. [28 CFR § 115.371(d)]

8. When the quality of evidence appears to support criminal prosecution, DJJ shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. [28 CFR § 115.371(e)]

9. The credibility of an alleged victim, suspect, or witness shall not be assessed by the person's status as a resident or staff. Residents shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation. [28 CFR §115.371(f)]

10. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence, and copies of all documentary evidence shall be attached where feasible. [28 CFR § 115.371(h)]

11. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. [28 CFR § 115.371(i)]

115.371 (j)-1 The agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

12. Administrative investigations:

a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. [28 CFR § 115.371(g)]

13. All written administrative and criminal investigative reports shall be retained for as long as the alleged abuser is committed to or employed by DJJ, plus five years, unless the abuse was committed by a juvenile resident and applicable laws require a shorter period of retention. [28 CFR § 115.371(j)]

14. The departure of an alleged abuser or victim shall not be the basis for terminating an investigation. [28 CFR § 115.371(k)]

15. Any entity of the Commonwealth of Virginia conducting investigations involving sexual abuse or sexual harassment involving a resident shall do so pursuant to the requirements listed above. [28 CFR § 115.371(l)]

16. DJJ shall cooperate with any outside agencies investigating sexual abuse and shall endeavor to remain informed about the progress of the investigation. [28 CFR § 115.371(m)]

(j)-1 Written reports are retained for as long as the alleged abuser is committed to or employed by DJJ plus five (5) years, whichever is longest.

Interviews:

- **PREA Coordinator**
- **Investigative Staff**

During the interview with the superintendent and PREA Coordinator they both report they remain informed of the progress of an investigation contacting the investigation unit directly to check on the status of a referral. The Superintendent said that when the facility is required to make a report to the Child Protective Services (CPS); during the CPS investigation they are contacted by CPS and provided with an update. Law enforcement works closely with the investigator assigned to the case and will provide an update and the progress of an investigation.

Investigative Staff – According to the interviews with the investigation unit an investigation would be initiated “right away.” A review of the investigation reports show the investigation is initiated within 24-hours of the report being made. If the report comes in after-hours and can wait until the next business day, then the assigned investigator will follow-up the next day; excluding weekends and holidays. Two (2) investigators are always on-call and can respond to the hospital to make themselves present for a SANE exam. The investigation procedures are initiated by gathering information which will include reviewing the incident report, statements from all involved parties, miscellaneous documentation, and a review of available video. When an investigator conducts an interview with a resident, the investigators are not required to obtain the residents’ parent/legal guardians consent before proceeding; however, the facility will inform the parent/legal guardian when their child is involved in an investigation. At the conclusion of the investigation, the investigator will complete a report and the final version of the report will be submitted to the Superintendent. An investigation can take up to 30 days on average, and the shortest investigation is approximately 5 days. The investigators have law enforcement power and can present a criminal charge to the Commonwealth Attorney for possible charges. It is not and will never be the practice of the investigation unit to submit a resident to a polygraph examination. In those instances when a staff member resigns or abandons their employment with the agency/facility during an investigation and before they are interviewed, the investigators will contact the individual at their homes or in the community. If a resident is released the investigator will coordinate an interview through the residents’ probation officer or community provider to conduct an interview in the community.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="247 168 893 201">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="247 246 518 280">Auditor Discussion</p> <hr/> <p data-bbox="247 324 590 358">Documentation Reviewed:</p> <ol data-bbox="287 425 1468 761" style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. Virginia DJJ SOP VOLI-1.7-01 The Role and Responsibilities of the Investigative Unit and Personnel Reporting Responsibilities 4. DJJ Memorandum Re: Evidentiary Standard for Administrative Investigations Dated March 11, 2020 5. DJJ Memorandum Re: Evidentiary Standard for Administrative Investigations Dated July 20, 2020 <p data-bbox="247 873 1468 985">115.372 (a)-1 The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="247 1030 1412 1153">5. No standard higher than a preponderance of evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. [28 CFR §115.372]</p> <p data-bbox="247 1187 1476 1310">The policy explicitly states, “No standard higher than a preponderance of evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.” A memo signed and dated by the facility Superintendent adheres to the policy.</p> <p data-bbox="247 1422 391 1456">Interviews:</p> <ul data-bbox="295 1523 566 1556" style="list-style-type: none"> • Investigative Staff <p data-bbox="247 1601 1460 1713">The investigators acknowledged there is no standard higher than a preponderance of evidence for administrative investigations, and the standard is beyond a reasonable doubt for criminal investigations.</p> <p data-bbox="247 1825 406 1859">Conclusion:</p> <p data-bbox="247 1904 1468 2027">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. Report of Investigative Findings (Sample size 8) 4. Reporting Investigative Outcomes to Residents Form (Sample size 6) <p>115.373 (a)-1 The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <ol style="list-style-type: none"> 1. Following an investigation into a resident's allegation of sexual abuse suffered in a DJJ facility, the Facility PREA Compliance Manager shall complete and review the Investigative Outcomes Form (Attachment #5) with the resident within five (5) business days, informing the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the investigations are conducted by an outside entity, DJJ shall request relevant information from the investigating agency and inform the resident. The Facility PREA Compliance Manager shall provide a copy of the notification to the resident. [28 CFR § 115.373(a) and (b)] 2. Following a resident's allegation that a staff member has committed sexual abuse against the resident, DJJ shall subsequently inform the resident (unless the allegation has been determined to be unfounded) whenever: <ol style="list-style-type: none"> a. The staff member is no longer posted within the resident's unit; b. The staff member is no longer employed at the facility; c. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and d. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. [28 CFR § 115.373(c)] 3. Following a resident's allegation that he or she has been sexually abused by another resident, the alleged victim shall be informed whenever: <ol style="list-style-type: none"> a. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. [28 CFR § 115.373(d)]

4. All such notifications or attempted notifications shall be documented on the Investigative Outcomes Form (Attachment #5). [28 CFR § 115.373(e)] The Facility PREA Compliance Manager shall retain a copy of the form and provide additional copies to the Investigative Unit and PREA Coordinator.

5. The obligation to report under this procedure shall terminate if the resident is released from DJJ's custody. [28 CFR § 115.373(f)]

(a)-1 Following an investigation into a resident's allegation of sexual abuse suffered inside of a DJJ facility, the PREA Compliance Manager will inform the resident in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility reports there were thirteen (13) criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, all of the residents involved in the case received notification in writing, of the results of the investigation.

(b)-1 When the investigations are conducted by the Virginia State Police, DJJ will request relevant information through the investigation unit who is responsible for following up on the progress of a criminal case. Currently there is a practice in place that CPS will contact the facility to provide an update on the status of a case when there is a report made to their agency.

(c)-1 & (d)-1 Of the notification forms reviewed the facility provided the auditor with a document "Reporting Investigative Outcomes to Residents" which is the form utilized to notify residents about the outcome of an investigation. The facility has adopted a form designated to inform a resident when the offender was a staff member and separate form used to inform the resident when the offender was another resident. The forms also indicate that the facility has a practice of notifying the resident for investigations with a finding of substantiated, unsubstantiated, and unfounded. The form has the date the resident was notified about the outcome of an investigation, the residents signature and the signature of the staff member who made the notification. Of the forms reviewed by the auditor the PREA Compliance Manager appears to be the person responsible for making the notifications. The form specifically informs the residents whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility; or
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility

Interviews:

- Investigative Staff
- PREA Coordinator
- PREA Compliance Manager

The facility PREA Compliance Manager is responsible for notifying the residents of the outcome of an investigation. All notifications are documented and offers the resident to

provide a signature to acknowledge that they received notification; and a copy is maintained in their file. The facility provided documentation to demonstrate that notifying resident about the outcome of an investigation is a consistent practice.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to residents. No corrective action is required.

115.376 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Virginia DJJ SOP VOLI-1.2-01 Staff Code of Conduct
4. DJJ Memorandum Re: Disciplinary sanctions for staff Dated March 11, 2020
5. DJJ Memorandum Re: Disciplinary sanctions for staff Dated July 20, 2020

115.376 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

1. Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment procedures. [28 CFR § 115.376(a)]

a. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. [28 CFR § 115.376(b)]

2. Disciplinary sanctions for violations of agency procedures 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 employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. [28 CFR § 115.376(c)]

3. All terminations for violations of agency sexual abuse or sexual harassment procedures, or resignations by employees who would have been terminated if not for their resignation, shall be reported to the Investigative Unit and to any relevant licensing bodies by the PREA Coordinator. [28 CFR §115.376(d)]

(a)-1 Employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. The policy explicitly states, "Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse." The facility PAQ indicates there have been zero (0) staff terminated or disciplined for violating the agency sexual abuse or sexual harassment policy.

(c)-1 Anytime a staff member is terminated for violating the agency sexual abuse or sexual harassment procedures, or resignations by employees who would have been terminated if not for their resignation, will be reported to the Investigative Unit for a thorough investigation and

to any relevant licensing bodies when applicable.

Interviews:

- **Human Resource staff**
- **Superintendent**
- **PREA Coordinator**

Of the interviews conducted with a human resource representative and others confirm that anytime a staff member is found to have violated DJJ's sexual abuse and sexual harassment policy; termination is the presumptive disciplinary sanction.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding disciplinary sanctions for staff. No corrective action is required.

115.377 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Virginia DJJ SOP VOLI-1.2-01 Staff Code of Conduct
4. DJJ Memorandum Re: Corrective Action for Contractors and Volunteers Dated January 3, 2020

115.377 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to the Investigative Unit and to relevant licensing bodies by the PREA Coordinator. [28 CFR § 115.377(a)]

2. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment procedures by a contractor or volunteer. [28 CFR § 115.377(b)]

(a)-1 The policy details action that will be taken against contractors and volunteers who engage in sexual abuse. If there is such an allegation the report will result in a referral to the Investigative Unit and if there is a substantiated finding the relevant licensing body will be notified if applicable. The PREA Coordinator would be responsible for making the necessary notifications. In the past 12 months, the facility reports zero (0) reports to law enforcement for a contractor or volunteer for engaging in sexual abuse of residents. Additionally, there were no reports to any licensing body due to violations of the sexual abuse or sexual harassment policy.

(b)-1 Upon learning of a sexual abuse allegation where the alleged offender is a contractor or volunteer, appropriate remedial measures will be taken and consideration will be made to determine whether to prohibit further contact with residents. According to the superintendent he has the ability to limit and prohibit a contractor and volunteers access to the facility.

Interviews:

- **Superintendent**
- **PREA Coordinator**

When the facility becomes aware of a contractor violating the sexual abuse and sexual harassment policy the facility will prohibit their access to the facility and any contact with residents. The facility administrators will work with the contractors' agency to determine future assignments at the facility.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. Virginia DJJ SOP VOLIV-4.1-1.16 Resident Discipline 4. DJJ Memorandum Re: Intervention and Disciplinary Sanctions for Residents Dated January 3, 2020 5. DJJ Memorandum Re: Intervention and Disciplinary Sanctions for Residents Dated March 11, 2020 6. DJJ Memorandum Re: Intervention and Disciplinary Sanctions for Residents Dated July 20, 2020 <p>115.378 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.</p> <ol style="list-style-type: none"> 1. Residents may be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The residents' due process rights shall be followed as described in VOLIV-4.1-1.16 (Resident Discipline). [28 CFR § 115.378(a)] 2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed on other residents with similar histories and who have received sanctions for comparable offenses. [28 CFR § 115.378(b)] 3. In the event a disciplinary sanction results in the room confinement of a resident, such confinement shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services in accordance with VOLIV-4.1-2.28 (Special Housing). Residents in room confinement shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible to maintain safety and security. [28 CFR §115.378(b)] 4. The disciplinary process shall consider whether a resident's mental disabilities or mental

illness contributed to their behavior when determining what type of sanction, if any, should be imposed. [28 CFR § 115.378(c)]

5. Residents may be offered participation in programs, services or interventions designed to address and correct underlying reasons or motivations for the abuse. Such interventions may be required for participation in any rewards-based behavior management program, but not as a condition to access general programming or education. [28 CFR § 115.378(d)]

6. Residents may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. [28 CFR § 115.378(e)]

7. 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, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. [28 CFR § 115.378(f)]

(a)-1 Residents may be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. However, in the case of a criminal charge the facility will take disciplinary action prior to a finding of guilt. In the past 12 months, the facility had zero (0) substantiated administrative findings or criminal findings of guilt for resident-on-resident sexual abuse that occurred within the facility.

(c)-1 The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to this or her behavior when determining what type of sanction, if any, should be imposed.

(e)-1 Residents may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The policy address reports made in good faith, and states such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Interviews:

- **PREA Coordinator**
- **Medical & Mental Health Staff**
- **Random Residents**

During interviews with residents they all communicated an understanding that the facility's PREA policy is to address the zero tolerance for sexual abuse and sexual harassment. When there is a violation of the policy a resident is subject to disciplinary sanctions with formal disciplinary procedures following an administrative finding that the resident engaged in resident-on-resident sexual abuse. When there is an administrative finding, the facility will conduct a hearing to determine the appropriate sanction to address the residents behavior.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. DJJ Vulnerability Assessment (Sample size 10) 4. DJJ Follow-up Meeting Documentation (Sample size 8) <p>115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.</p> <ol style="list-style-type: none"> 1. Residents who report prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical practitioner or QMHP within 14 days of the intake screening. [28 CFR § 115.381(a)] 2. Residents who report having perpetrated sexual abuse shall be offered a follow-up meeting with a QMHP within 14 days of the intake screening. [28 CFR § 115.381(b)] 3. All offerings of follow-up meetings and outcomes of meetings shall be documented in the resident's medical record or behavioral health file, as appropriate. 4. Information related to sexual victimization or sexual abusiveness that occurred in an institutional setting shall be limited to medical practitioners, QMHPs and other staff, as necessary, to inform treatment plans and security and other management decisions (including housing, bed, work, education, and program assignments, or as otherwise required by federal, state or local law). [28 CFR § 115.381(c)] 5. Medical practitioners and QMHPs shall obtain informed written consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. The consent form shall be maintained in the resident's medical record or behavioral health file, as appropriate. If the resident does not consent to reporting the allegation, the medical practitioner or QMHP shall offer follow-up services, as appropriate. [28 CFR § 115.381(d)] 6. Residents under the age of 18 who allege prior sexual victimization shall be reported in accordance with Administrative Code 6VA35-71-70 (Suspected Child Abuse or Neglect). <p>(a)-1 When residents report prior sexual victimization, whether it occurred in an institutional setting or in the community, the resident will be offered a follow-up meeting with a medical practitioner or QMHP within 14 days of the intake screening. The facility PAQ indicates 100% of admitted residents who disclosed prior victimization during screening were offered a follow-</p>

up meeting. The facility provided the auditor with documentation that demonstrates the facility procedure for documenting the offer for a follow-up meeting. The case note for an individual resident said the resident answered “yes” to the question “Prior sexual victimization or abusiveness” on the vulnerability assessment. Of the documents reviewed, the notation indicates the resident “declined” the follow-up meeting.

(c)-2 The policy states, “Information related to sexual victimization or sexual abusiveness that occurred in an institutional setting shall be limited to medical practitioners, QMHPs and other staff, as necessary to inform treatment plans and security and other management decisions (including housing, bed, work, education, and program assignments).”

(d)-1 When a resident under the age of 18 alleges sexual victimization a report shall be made according the Reporting Suspected Child Abuse or Neglect policy.

Interviews:

- **Medical & Mental Health Staff**

When a resident is admitted to Bon Air they are screened by the facility medical and mental health staff. The screening process is to ensure the resident is fit to be admitted to the facility and to address all safety risk. During a review of the facility documents it was evident that residents who report prior victimization or have perpetrated sexual abuse are offered a follow-up meeting and in those instances that the resident accepts the offer the follow-up meeting would occur within 14 days of the resident's admission.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA) 3. Virginia DJJ SOP VOLIV-4.3-2.05 Medical Sexual Assault Response Plan 4. DJJ Memorandum Re: Access to Emergency Medical and Mental Health Services Dated January 3, 2020 5. DJJ Memorandum Re: Access to Emergency Medical and Mental Health Services Dated March 11, 2020 6. DJJ Memorandum Re: Access to Emergency Medical and Mental Health Services Dated July 20, 2020 7. <p>115.382 (a)-1 Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>115.382 (d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <ol style="list-style-type: none"> 1. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined by medical practitioners and QMHPs in accordance with VOLIV-4.3-2.05 (Medical Sexual Assault Response Plan). [28 CFR § 115.382(a)] 2. If no qualified medical practitioners or QMHPs are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical practitioners or QMHPs. [28 CFR §115.382(b)] <p>(a)-1 In accordance with the Medical Sexual Assault Response Plan policy, resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined by medical practitioners and QMHPs. In instances where a qualified medical practitioners or QMHPs are on duty at the time a report of recent abuse is made, the staff first responder shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical practitioner or QMHPs.</p> <p>115.382 (c)-1 Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p>

3. Resident victims of sexual abuse while committed shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. [28 CFR § 115.382(c)]

4. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. [28 CFR § 115.382(d)]

(c)-1 Resident victims of sexual abuse while committed will be offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

(d)-1 Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation. Since the facility is a commitment facility the residents are medically covered and would never receive a bill for any treatment services. According to a memo dated and signed by the facility Superintendent, there were no reports of sexual abuse during the audit cycle; therefore, emergency medical and mental health services were not warranted. This was confirmed through interviews with the investigator from the investigation unit, the PREA Coordinator and the superintendent.

Interviews:

- **Medical & Mental Health Staff**

Interviews with medical staff confirm victims of sexual abuse would be transported to the SANE clinic since the facility medical staff are not qualified SANE examiners. The residents will be transported to the Virginia Commonwealth University Health System Authority (VCUHS). The resident would be transported as soon as transportation arrangements could be arranged by the facility. If it is after-hours the medical personnel on-call as well as the medical staff on duty would work to arrange transportation in collaboration with the supervisor on duty.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Facility PREA Audit Questionnaire
2. Virginia DJJ SOP VOLIV-4.1-1.03 Prison Rape Elimination Act (PREA)
3. Virginia DJJ SOP VOL 4.3-2.05 Medical Sexual Assault Response Plan
4. DJJ Memorandum Re: Ongoing medical and mental health care for sexual abuse victims and abusers Dated March 11, 2020
5. DJJ Memorandum Re: Ongoing medical and mental health care for sexual abuse victims and abusers Dated July 20, 2020

115.383 (a)-1 The facility offers 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.

115.383 (d)-1 Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check NA for all-male facilities.

115.383 (e)-1 If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check NA for all-male facilities.

1. Any resident who is the victim of sexual abuse shall be offered a medical and mental health evaluation and, as appropriate, treatment services while in any DJJ facility in accordance with VOLIV-4.3-2.05 (Medical Sexual Assault Response Plan). [28 CFR § 115.383(a)]

2. The evaluation and treatment of such victims shall 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. [28 CFR §115.383(b)]

3. The facility shall provide such victims with medical and mental health services consistent with the community level of care. [28 CFR § 115.383(c)]

4. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. [28 CFR § 115.383(d)]

5. If pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services in accordance with VOLIV-4.3-5.10 (Care of Pregnant Residents). [28 CFR § 115.383(e)]

(a)-1 Any resident who is the victim of sexual abuse will be offered a medical and mental health evaluation and, as appropriate, treatment services will be provided while the resident is at any DJJ facility. The evaluation and treatment services shall 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. The facility provided supporting documentation of a referral made for support services for a resident who reported prior victimization while at another placement.

(d)-1 During the onsite audit Bon Air was an all-male facility; however, the facility is still a possible placement for the female population. Should female residents return to the facility the policy still has language that says provides if a female resident is a victim of sexually abusive vaginal penetration while incarcerated they will be offered a pregnancy test. If pregnancy results from a sexually abusive vaginal penetration the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (f)-1 Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

7. Resident victims of sexual abuse while committed shall be offered tests for sexually transmitted infections, as medically appropriate. [28 CFR § 115.383(f)]

8. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. [28 CFR § 115.383(g)]

(f)-1 The policy provides that resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.

115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

9. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within thirty (30) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. [28 CFR § 115.383(h)]

(h)-1 The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within thirty (30) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviews:

- **Medical & Mental Health Staff**

If Bon Air continued to provide services for the female population and a girl was to report she is a victim of sexual abuse she would be offered and could receive the Plan B as a part of the SANE exam. The facility would provide any follow-up care as-needed. If the resident has any evidence of physical harm the facility can provide restorative care (i.e., changing sutures, etc.).

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- 1. Facility PREA Audit Questionnaire**
- 2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA)**
- 3. Incident Review Form (Sample size of 12)**

115.386 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

1. The facility shall conduct a sexual abuse incident review using the PREA Incident Review Form (Attachment #10) 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. Such review shall occur within 30 days of the investigation's conclusion. [28 CFR § 115.386(a) and (b)]

2. An incident review shall be conducted using the PREA Incident Review Form (Attachment #10) at the end of every substantiated sexual harassment investigation. Such review shall occur within 30 days of the investigation's conclusion.

3. The review team shall include the following staff:

- a. The Superintendent or Assistant Superintendent, with input from line supervisors,**
- b. Facility PREA Compliance Manager and/or PREA Coordinator;**
- c. Investigators;**
- d. Medical practitioners; and**
- e. QMHPs. [28 CFR § 115.386(c)]**

4. The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change procedures or practices to better prevent, detect, or respond to sexual abuse;**
- b. 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 was motivated or otherwise caused by other group dynamics at the facility;

- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- f. Document its findings, including but not necessarily limited to determinations made pursuant to (a) through (e) above, and any recommendations for improvement and submit to the Superintendent and Facility PREA Compliance Manager. The findings shall be maintained in accordance with the Library of Virginia retention schedule. [28 CFR §115.386(d)]

5. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. [28 CFR § 115.386(e)]

(a)-1 For allegations of sexual abuse, the facility shall initiate a sexual abuse incident review as soon as practicable, but no later than seven (7) days following an allegation of sexual abuse. A final sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall occur within thirty (30) days of the conclusion of the investigation. The review team shall include the following staff:

- a. The Superintendent, with input from line supervisors;
- b. PREA Compliance Manager and/or PREA Coordinator;
- c. Investigators; and
- d. Medical practitioners or QMHPs

In the past 12 months the facility reports eight (8) criminal and/or administrative investigations of alleged sexual abuse reviews completed at the facility, excluding only unfounded incidents.

(e)-1 The policy requires the facility shall implement the recommendations for improvements.

During a review of the incident review documentation provided to the auditor it was obvious that the Superintendent or a designee is an active participant in the incident review meetings. Bon Air has a practice of conducting an incident review within 7-days of the allegation and another meeting is conducted within 30-days at the conclusion of the investigation. The initial

incident review will assess if there is an immediate threat and what immediate action step should be taken to protect the resident. The incident review team consists of the facility executive team, supervisors, medical practitioner, therapist, and a representative from the education department. According to the an interview with the DJJ Director, the agency will utilize the information gathered from the incident review meeting to address security lapses and the needs of the facility.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	<p data-bbox="247 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="247 246 518 280">Auditor Discussion</p> <p data-bbox="247 324 590 358">Documentation Reviewed:</p> <ol data-bbox="287 425 1252 548" style="list-style-type: none"> 1. Facility PREA Audit Questionnaire 2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA) 3. 2018 Survey of Sexual Victimization <p data-bbox="247 660 1428 772">115.387 (a)/(c)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <ol data-bbox="247 817 1476 1601" style="list-style-type: none"> 1. DJJ shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using BADGE and a standardized set of definitions. [28 CFR § 115.387(a)] 2. DJJ shall aggregate the incident-based sexual abuse data at least annually. [28 CFR §115.387(b)] 3. The incident-based data collected shall 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. [28 CFR § 115.387(c)] 4. DJJ shall maintain, review, and collect data as needed from all available incident-based documents, including BADGE Incident Reports (BADGE – IRs), other reports, investigation files, and sexual abuse incident reviews. [28 CFR § 115.387(d)] 5. DJJ shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. [28 CFR § 115.387(e)] 6. Upon request, DJJ shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. [28 CFR § 115.387(f)] <p data-bbox="247 1713 1476 2004">(a)-1 The PREA Analyst works with the PREA Coordinator throughout the year to collect accurate, uniform data for every allegation of sexual abuse at Bon Air as well as the facilities the direct control of DJJ. DJJ will aggregate the incident-based sexual abuse data annually and prior to publishing the report on the agency website, the Deputy Director of Residential Services will review the report prior to forwarding the report to the Director for a signature. The facility provided the 2018 Survey of Sexual Victimization data sheet to demonstrate compliance with the data collection and reporting requirements.</p> <p data-bbox="247 2116 406 2150">Conclusion:</p>

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data collection. No corrective action is required.

115.388	Data review for corrective action
	<p data-bbox="245 170 890 203">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="245 248 520 282">Auditor Discussion</p> <hr/> <p data-bbox="245 327 587 360">Documentation Reviewed:</p> <ol style="list-style-type: none"> <li data-bbox="288 427 767 461">1. Facility PREA Audit Questionnaire <li data-bbox="288 472 1246 506">2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA) <li data-bbox="288 517 735 551">3. DJJ 2019 Annual PREA Report <p data-bbox="245 663 1469 775">1. Data collected in 10.1 above shall be used to assess and improve the effectiveness of DJJ's sexual abuse prevention, detection, and response procedures, practices and training, including:</p> <ol style="list-style-type: none"> <li data-bbox="245 819 619 853">a. Identifying problem areas; <li data-bbox="245 887 927 920">b. Taking corrective action on an ongoing basis; and <li data-bbox="245 965 1453 1043">c. Preparing an annual report of its findings and corrective actions for each facility, as well as DJJ as a whole. [28 CFR § 115.388(a)] <p data-bbox="245 1155 1406 1267">2. Such annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of DJJ's progress in addressing sexual abuse. [28 CFR § 115.388(b)]</p> <ol style="list-style-type: none"> <li data-bbox="245 1312 1469 1391">a. The report shall be approved by the Director and made available to the public through DJJ's website. [28 CFR § 115.388(c)] <li data-bbox="245 1435 1453 1547">b. Specific material from the report may be redacted when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted must be indicated. [28 CFR § 115.388(d)] <p data-bbox="245 1659 1461 1906">(b)-1 DJJ provided the annual report for 2019 which was signed by the Director on August 12, 2020. The auditor visited the agency website at : http://www.djj.virginia.gov/pages/about-djj/prea.htm observed that the reports from 2015 thru 2019 were available to the public. The report has the data for resident-on-resident and staff-on-resident sexual abuse, sexual harassment and voyeurism. The report does not include identifying information and provides general information.</p> <p data-bbox="245 2018 400 2051">Conclusion:</p> <p data-bbox="245 2096 1461 2130">Based upon the review and analysis of the available evidence, the auditor has determined the</p>

facility is in compliance with this standard regarding data review for corrective action. No corrective action is required.

115.389	Data storage, publication, and destruction
	<p data-bbox="247 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="247 246 518 280">Auditor Discussion</p> <p data-bbox="247 324 590 358">Documentation Reviewed:</p> <ol data-bbox="287 425 1252 504" style="list-style-type: none"> <li data-bbox="287 425 774 459">1. Facility PREA Audit Questionnaire <li data-bbox="287 470 1252 504">2. Virginia DJJ SOP VOL IV–4.1-1.03 Prison Rape Elimination Act (PREA) <p data-bbox="247 616 1396 683">115.389 (a)-1 The agency ensures that incident-based and aggregate data are securely retained.</p> <ol data-bbox="247 728 1468 1467" style="list-style-type: none"> <li data-bbox="247 728 1468 806">1. DJJ shall ensure that data collected pursuant to 10.1 above are securely retained. [28 CFR § 115.389(a)] <li data-bbox="247 918 1468 1041">2. DJJ shall make all aggregated sexual abuse data, from facilities under its direct control and any private facilities with which it contracts, readily available to the public at least annually through its website. [28 CFR § 115.389(b)] <li data-bbox="247 1153 1380 1232">3. Before making aggregated sexual abuse data publicly available, DJJ shall remove all personal identifiers. [28 CFR § 115.389(c)] <li data-bbox="247 1344 1468 1467">4. DJJ shall maintain sexual abuse data collected pursuant to 10.1 above for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. [28 CFR § 115.389(d)] <p data-bbox="247 1579 1468 1736">DJJ consistently aggregates the sexual abuse and sexual harassment data. The agency has published a report every year since 2015. Before making aggregated sexual abuse data publicly available, DJJ shall remove all personal identifiers. The agency policy requires DJJ to maintain the data collected for at least 10 years after the date of its initial collection.</p> <p data-bbox="247 1848 406 1881">Conclusion:</p> <p data-bbox="247 1926 1484 2049">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	<p data-bbox="245 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 246 518 280">Auditor Discussion</p> <p data-bbox="245 324 1468 481">DJJ operates one facility that as the date of the onsite audit was only servicing male youth committed to the department. Bon Air was last audited in 2018 made the decision to complete their audit in the first year of this audit cycle; however, due to COVID-19 the audit was postponed into the second year of this audit cycle.</p> <p data-bbox="245 526 1468 728">The auditor utilized the Auditor Compliance Tool for guidance on the conduct and contents of the audit. DJJ and Bon Air has demonstrated their efforts to comply with the standards and took steps since 2018 to enhance their policies and practices to be fully compliant. The audit process involved reviewing all relevant policies, reports and conducted interviews. The auditor reviewed documents and records involving information for 12 months prior to the onsite audit.</p> <p data-bbox="245 772 1468 1064">The auditor was allowed full and mostly unimpeded access to the facility and observed all areas of the facility. Again, due to COVID-19 the cells in the medical building was off limits to the auditor since new admissions to the facility were being quarantined to prevent the possible spread of the virus. However, the auditor was able to access the majority of the medical building. During and after the onsite audit, the auditor requested additional documentation to support the auditors findings. All audit material relied upon has been retained by the auditor and will be provided to the DOJ upon request.</p> <p data-bbox="245 1108 1468 1310">Bon Air residents were provided with the post office box number as well as the email address to communicate with the auditor. The audit notices were posted throughout the facility 6-wweks prior to the onsite audit. The auditor reminded the PREA team that the notices should remain posted until they receive the final audit report. The auditor did not receive correspondence.</p> <p data-bbox="245 1422 399 1456">Conclusion:</p> <p data-bbox="245 1489 1468 1612">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor certifies that no conflict of interest exists with respect to her ability to conduct an audit of the Bon Air juvenile center.</p> <p>This is the third PREA audit conducted involving the Bon Air facility.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, 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? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of 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 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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of 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 bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	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 agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	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 and how to distinguish between consensual sexual contact and sexual abuse between residents?	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	<p>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.)</p>	<p>yes</p>
	<p>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 of time to respond is 70 days per 115.352(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.)</p>	<p>yes</p>
	<p>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.)</p>	<p>yes</p>

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf 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.)	yes
	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
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive 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 they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: 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: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary 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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes