

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    June 28, 2018

### Auditor Information

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Company Name:    PREA Auditors of America	
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Telephone:    720-391-3025	Date of Facility Visit:    May 15-17, 2018

### Agency Information

Name of Agency		Governing Authority or Parent Agency <i>(If Applicable)</i>	
Virginia Department of Juvenile Justice		Commonwealth of Virginia	
Physical Address:    600 East Main Street-20th Floor		City, State, Zip:    Richmond, VA 23219	
Mailing Address:    P.O. Box 1110		City, State, Zip:    Richmond, VA 23218-1110	
Telephone:    804-371-0700		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission:    The Virginia Department of Juvenile Justice protects the public by preparing court-involved youth to be successful citizens.			
Agency Website with PREA Information: <a href="http://www.djj.virginia.gov/pages/about-djj/prea.htm">http://www.djj.virginia.gov/pages/about-djj/prea.htm</a>			

### Agency Chief Executive Officer

Name:    Andrew K. Block, Jr.	Title:    Director
Email:    Andrew.block@djj.virginia.gov	Telephone:    804-371-0700

### Agency-Wide PREA Coordinator

Name:    Lawanda Long	Title:    PREA Coordinator
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<b>Email:</b> Lawanda.long@djj.virginia.gov	<b>Telephone:</b> 804-323-2800
<b>PREA Coordinator Reports to:</b> Joyce E. Holmon, Deputy Director of Residential Services	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 1

### Facility Information

<b>Name of Facility:</b>	Bon Air Juvenile Correctional Center		
<b>Physical Address:</b>	1900 Chatsworth Ave., Richmond, Virginia 23235		
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.		
<b>Telephone Number:</b>	804-323-2800		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b>	Click or tap here to enter text.		
<b>Facility Website with PREA Information:</b>	<a href="http://www.djj.virginia.gov/pages/about-djj/prea.htm">http://www.djj.virginia.gov/pages/about-djj/prea.htm</a>		
<b>Is this facility accredited by any other organization?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

### Facility Administrator/Superintendent

<b>Name:</b> Russell Jennings	<b>Title:</b> Superintendent
<b>Email:</b> Russell.jennings@djj.virginia.gov	<b>Telephone:</b> 804-323-2550

### Facility PREA Compliance Manager

<b>Name:</b> Lisa Rioux	<b>Title:</b> PREA Compliance Manager
<b>Email:</b> lisa.rioux@djj.virginia.gov	<b>Telephone:</b> 804-801-9612

### Facility Health Service Administrator

<b>Name:</b> Mark Murphy	<b>Title:</b> Director of Health Services
<b>Email:</b> mark.murphy@djj.virginia.gov	<b>Telephone:</b> 804-588-3882

### Facility Characteristics

<b>Designated Facility Capacity:</b> 284	<b>Current Population of Facility:</b> 218
<b>Number of residents admitted to facility during the past 12 months</b>	239

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		239
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		239
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	11-20	
Average length of stay or time under supervision:		9 months
Facility Security Level:		Medium
Resident Custody Levels:		Medium
Number of staff currently employed by the facility who may have contact with residents:		551
Number of staff hired by the facility during the past 12 months who may have contact with residents:		49
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		37
<b>Physical Plant</b>		
Number of Buildings: 27		Number of Single Cell Housing Units: 15
Number of Multiple Occupancy Cell Housing Units:		14
Number of Open Bay/Dorm Housing Units:		3
Number of Segregation Cells (Administrative and Disciplinary):		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>There are 469 cameras located throughout the facility and the property that record movement and activities. There are an additional 136 cameras outside security perimeter. The only time that cameras would be used to monitor an individual resident is if the resident is on self-injurious behavior precautions. Camera recording are retained for 45 days and can be saved on CDs when necessary.</p>		
<b>Medical</b>		
Type of Medical Facility:		Department of Juvenile Justice Central Infirmary
Forensic sexual assault medical exams are conducted at:		Children's Hospital of Richmond at VCU
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		243
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		12

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite 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) audit of the Bon Air Juvenile Correctional Center – juvenile facility in Richmond, Virginia began the week of March 26, 2018 when the agency PREA Coordinator, Lawanda Long confirmed the audit notices were posted throughout the facility. The PREA Auditor received an email from the PREA Coordinator on April 27, 2018 that the facility flash drive was in route to the PREA Auditor; the flash drive was received on April 29, 2018. A review of the documentation began on May 1 and concluded on May 6, 2018. The PREA Auditor emailed an “Issue Log” to the PREA Coordinator on May 6, 2018 with the following standards requiring a response: 115.315, 115.334, 115.321 (d)-1, 115.331, and 115.353 (d)-1. On May 9, 2018, the PREA Auditor received an email with the responses to the five (5) areas requiring a response.

During the three and a half days of the on-site audit, the auditor was provided space in a conference room in the administrative area of the facility to conduct staff and client interviews. The auditor interviewed twenty-one (21) staff members representing all job classifications. A total of six (6) residential staff members were interviewed representing all three shifts (5:30am-3:00pm; 12:30pm-10:00pm; and 9:00pm-6:00am). Following the Department of Justice interview protocol, the following specialized staff were interviewed: Agency head; Superintendent; PREA Coordinator; PREA Compliance Manager; Administrative (human resources) staff; Agency Contract Administrator, Volunteers and Contractors; Investigative staff; Staff who perform screening for risk of victimization and abusiveness; Staff on the incident review team; Designated staff member charged with monitoring retaliation; First Responders and Intake staff. The PREA Auditor conducted phone interviews with SANE clinic at the Children’s Hospital of Richmond VCU and the Victim Advocacy support services through the YWCA of Richmond and the Hospital Accompaniment (RHART). Fifteen (15) residents were interviewed over a two-day period. Residents interviewed included: three (3) residents who identify as LGBTQI, two (2) residents who are limited English proficient (first language is Spanish), two (2) residents with an identified disability, and four (4) residents who disclosed prior sexual victimization during risk assessment; the remaining eight (8) residents were randomly selected. The residents were a mix of gender and ethnicity.

On May 14, 2018, which was not originally designated as a date to conduct the on-site audit but was adjusted with the PREA Coordinator and Superintendent to complete a portion of the facility tour given the size of the campus, which could take approximately 8 hours to complete. The PREA Auditor toured the facility escorted by the Superintendent, PREA Coordinator, PREA Compliance Manager, Community Manager, and the Facility Operations Manager. The facility tour consisted of observing and/or entering facility programming, location of cameras and mirrors, resident dayroom, resident rooms, restroom, laundry room, kitchen, facility control, and placement of posters. The auditor noted the shower area is in an enclosed area between the pod dayroom and staff office. Prior to my arrival the facility identified a possible vulnerability in the area in the bathroom where the resident urinals and

toilets were exposed allowing limited privacy; the facility mitigated this risk by installing shower curtains allowing the staff to monitor for security by viewing the feet of the resident. The PREA Auditor conducted a face-to-face interview with the facility Superintendent to conclude the on-site audit for the day.

On May 15, 2018 the on-site audit began with the PREA Auditor participating in introductions and opening with sixteen (16) representatives from the agency and the facility, which included the agency Director and Deputy Director of Residential Services and facility leadership representatives. The facility tour concluded on May 15, 2018 with the facility Assistant Superintendent, PREA Coordinator, PREA Compliance Manager, and the Facility Operations Manager. The facility interviews conducted on the first day included the agency Director, PREA Coordinator, PREA Compliance Manager (interrupted and concluded on the 17<sup>th</sup>), Medical staff, Mental Health staff, Investigative staff, members of the Sexual Abuse Incident Review team, Intake staff, and random staff from the day and evening shifts.

On May 16, 2018 the PREA Auditor continued to random staff interviews that includes staff from all three shifts, contracted medical staff member, and the contract monitor. On May 17, 2018 interviews concluded with specialized and random residents, and the Human Resource background investigator.

The on-site audit concluded with a brief report out by the PREA Auditor to include thirteen (13) agency and facility leadership personnel; the report out recognized the agency/facility strengths and areas of concern, not necessarily facility corrective action items.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee 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.*

Bon Air Juvenile Correctional Center is the only juvenile correctional facility operated by the Virginia Department of Juvenile Justice and was established in 1910. It has been State owned and operated since that time. The facility is located on 75 acres of property 4 miles southwest of Richmond, Virginia, in Chesterfield County. The property adjoins the former Carroll R. Minor Reception and Diagnostic Center and Oak Ridge Juvenile Correctional Center and is in a densely populated residential and business area. Bon Air is classified as a medium security facility.

### All Components of the Facility's Physical Plant

The physical plant at Bon Air Juvenile Correctional Center includes two 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 two (2) major

housing units, each with four (4) living units/communities. There are a total of eighteen (18) housing units. Ten (10) housing units are in the older section of the campus and eight (8) housing units in the newer facility. There are three “open-bay” dorms and fifteen (15) living units that are a combination of single and double occupancy rooms. All the rooms in the female living unit are single occupancy. In total there are twenty-seven (27) buildings associated with the Bon Air Juvenile Correctional Center.

There are four hundred sixty-nine (469) cameras located throughout the facility and the property that record movements and activities. There are an additional one hundred thirty-six (136) cameras outside the security perimeter.

The following positions can monitor the cameras from their locations:

- Superintendent
- Assistant Superintendents
- PREA Coordinator
- PREA Compliance Manager
- Community Managers
- Operation Manager
- Community Coordinators
- Safety Officer
- Resident Specialist IIs
- 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 recording are retained for forty-five (45) days and can be saved on CDs when necessary. On a monthly-basis, the Residential Program Manager conducts eight hours of random reviews of camera recordings.

“Blind spots” have been identified and action taken to minimize any issues through the use of mirrors, windows, and additional cameras.

### **Composition of the Resident Population**

Bon Air Juvenile Correctional Center serves a co-ed population of males and females, ages 11-20, and residents who are identified as part of the LGBTQI community. Female residents represent less than five percent of the total population. All residents have been committed by a Juvenile and Domestic Relations District Court Judge or sentenced by Circuit Court Judge. 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 21<sup>st</sup> birthday. The residents who are committed to Bon Air are from Richmond and surrounding counties, Northern Virginia, Tidewater, and Southwest.

The facility’s total operating capacity is 284 residents. The first day of the on-site audit there were 218 residents; seven (7) residents were female and two-hundred eleven (211) were male.

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 intensive therapeutic programming. Academic and vocational training are provided on campus. Residents are able to earn a high school diploma or GED and some college classes are 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 natural support. In special circumstances, transportation can be provided by a non-profit agency.

## **Employees/Staff**

Bon Air Juvenile Correctional Center has a total of 644 funded positions and, in addition to direct care staff, includes the Behavioral Services Unit, medical (i.e., Central Infirmary), education, Central Admission and Placement, maintenance, food service, the Cadre, and all administrative services. Five hundred and fifty-one (551) positions are currently filled and 85 are vacant. The agency conducts an audit of all posts for budget purposes bi-annually. The “Post Audit” stipulates that two (2) resident specialists will be assigned to every housing unit during waking hours and one (1) resident specialists will be assigned during sleeping hours.

The prevailing staffing pattern is as follows:

- Thirty-six (36) residential staff are on duty for morning shifts. Forty-eight (48) residential staff are on duty for the “Noon” shift and thirty-six (36) staff are on duty during the night shift. This pattern covers seven days a week.
- Twelve (12) security staff are on duty from 6:00 a.m. to 6:00 p.m. and eight (8) security staff work from 6:00 p.m. to 6:00 a.m. seven days a week. In addition, twelve (12) security staff work from 5:00 a.m. to 2:00 p.m. from Monday-Friday.

## **Programs and Services Provided**

Residents placed in Bon Air Juvenile Correctional Center receive education, vocational, mental health and rehabilitative counseling services. Specialized treatment programs include substance abuse, aggression management, sex offender, and intensive therapeutic programming. Academic and vocational training are provided on campus. Residents can earn a high school diploma or GED.

The behavior management program provides juveniles with the knowledge, skills, and abilities necessary for rehabilitation, positive growth, and behavioral change by focusing on reinforcing desired behaviors, tracking inappropriate behaviors, providing feedback, and using a system of phases through which juveniles can advance.

Beginning in May 2015, Bon Air began implementing a new Community Treatment Model to promote juvenile rehabilitation while decreasing inappropriate behaviors during commitment. The main tenets of the model include highly structured, meaningful, therapeutic activities; consistent staffing in each housing unit, and consistent residents in each housing unit. Residents and staff have check-in meetings three times per day and can call additional “circle-up” and “check-in” meetings as needed in order to address concerns or accomplishments of the unit. In doing so, the residents and staff can foster meaningful relationships and provide each other with mutual support and motivation.

In this new model, security staff positions were changed from correctional model titles and roles (e.g., Major, Sergeant, JCO) to community treatment model titles and roles (e.g., community manager, community coordinator, resident specialist) reflect the change in responsibilities. The new resident specialists switched from a dress uniform with a badge to a more informal look incorporating cargo pants and polo shirts. Staff teams have received intensive training before starting the model team in their housing unit; as one unit is trained at a time to ensure fidelity to the program guidelines.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

Click or tap here to enter text.

**Number of Standards Met:** 41

115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 15.382, 115.383, 115.386, 115.387, 115.388, 115.389

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

# PREVENTION PLANNING

## Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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  No

### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  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.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

1. Board Policy 05-010 Prison Rape Elimination Act – Spanish
2. Board Policy 05-010 Prison Rape Elimination Act – English
3. PREA Coordinator Employee Work Profile
4. PREA Compliance Manager Employee Work Profile
5. Organizational Chart for the Division of Residential Program
6. Policy Volume IV-4.1-1.03 Prison Rape Elimination Act

115.311 (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.

115.311 (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.

115.311 (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 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.

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

15.311 (c)-1 The facility employs one (1) PREA Compliance Manager who serves as the liaison between the facility, Central Office, the media and the community. 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.

115.311 (c)-3 The PREA Compliance Manager reports directly to the agency PREA Coordinator.

Interviews:  
PREA Coordinator  
PREA Compliance Manger

The PREA Coordinator states she has sufficient time and authority to perform her duties, given that is her sole responsibility and she is only responsible for one (1) facility. An interview with the PREA Compliance Manager indicated she has a good understanding of the PREA Standards and functioning as the PREA Compliance Manager is her sole responsibility.

## Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.312 (a)

- 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  No  NA

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Documentation Reviewed:**

1. 11 Juvenile Detention Facility Memorandum of Agreement
2. Policy IV-4.1-1.03 Prison Rape Elimination Act

115.312 (a)-1 The Memorandum of Agreements for eleven (11) facilities have an period of agreement from July 1, 2017 until June 30, 2018. The agreement states JDC will comply with the Prison Rape Elimination Act of 2003 and with all applicable standards, DJJ policies related to PREA and DJJ standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within DJJ facilities/programs/offices owned, operated or contracted. The Detention 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.

**Interviews:**

Agency Contract Administrator

AMIKids and Evidence Based Associates, LLC are the agencies responsible for contracting on behalf of DJJ with contract programs serving DJJ residents. The contract allows for announced and unannounced drop ins, and review of program fidelity, and requires PREA compliance. Failure to comply with the standards may result in termination of the contract.

## **Standard 115.313: Supervision and monitoring**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.313 (a)**

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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 number and placement of supervisory staff?  Yes  No
- 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  No
- 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  No
- 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  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- 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  No  NA
- 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  No  NA
- 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  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

### 115.313 (d)

- 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  No
- 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  No
- 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  No
- 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  No

### 115.313 (e)

- 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  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 2018 Staffing Plan
2. Policy IV-4.1-1.03 Prison Rape Elimination Act
3. Policy IV-4.1-2#1 Post Audit April 2018
4. Policy IV-4.1-2.01 Security Staffing Page 3-5
5. Policy IV-4.1-2.04 Movement and Supervision of Residents Pages 3 & 4
6. Gender Announcement Documentation from April 2017 to February 2018
7. PREA Unannounced Rounds
8. Acknowledgment of Review form from June 2018

Bon Air Juvenile Correctional Center 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 those instances where the facility is out of ratio, the Shift Supervisor will fully document the circumstances that caused the facility to be out of ratio and the corrective actions taken to return to the ratio. The corrective action steps include:

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

115.313 (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. The staffing plan requires the staffing plan consider the 11 criteria per the standards. The staffing plan is built on a facility designed to house 225 residents; as of the submission of the PAQ the average daily number of residents was 187.

115.313 (b)-1 The facility did not deviate from the staffing plan in the past 12 months. The facility is adequately staffed with 551 staff members who have contact with the residents.

115.313 (c) 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. 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.

115.313 (d)-1 The facility policy requires the development of a staffing plan once per year in consultation with the DJJ PREA Coordinator and the facility's PREA Compliance Manager. The facility submitted a staffing plan dated April 27, 2018 and signed by the facility Superintendent and PREA Coordinator.

115.313 (e)-1 The policy indicates an Administrator (community manager or higher) at each facility 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 submitted documentation from April 2017 to February 2018 demonstrating the administrator unannounced rounds that was documented in red as per policy; the checks were at variable times and appears to occur more frequently than the policy requires. The facility policy explicitly prohibited administrators from alerting staff when supervisory rounds were occurring but did not give the same prohibition to the rest of the facility staff. The agency Director drafted a signed procedure with the following language prohibiting "all" staff from alerting other staff of supervisor rounds. The staff were required to read the revised policy statement with an effective date of June 20, 2018 and sign an Acknowledgment of Review form. The facility submitted the signed acknowledgment forms on via email on June 21<sup>st</sup> and 27<sup>th</sup>, 2018.

Interview:  
Superintendent  
Intermediate or Higher-Level Facility Staff

During the interview the Superintendent reports the facility staffing plan is updated annually in collaboration with the PREA Compliance Manager; and will be updated as needed with any significant change to staffing (i.e., loss of FTE). The Superintendent highlighted areas that are considered when updating the staffing plan to include: resident population, staffing levels, community treatment levels, physical plant, and areas where substantiated findings occur. The Superintendent reports the facility has not had a period of non-compliance with the staffing plan. The facility makes adjustment to the schedule to fill-in when there are staff calls-offs, vacation, and extended leave. Facility supervisors at times will be utilized to provide supervision and monitoring of the residents to meet adequate staffing levels.

Interviews with intermediate and higher-level staff indicated unannounced rounds are conducted at random times, covering all shifts. Per policy the unannounced rounds are documented on the unit log in red ink.

## **Standard 115.315: Limits to cross-gender viewing and searches**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.315 (a)**

- 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  No

**115.315 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

**115.315 (c)**

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

**115.315 (d)**

- 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- 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)  Yes  No  NA

**115.315 (e)**

- 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  No
- 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  No

**115.315 (f)**

- 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  No
- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 2017 Training Spreadsheet
2. 2017-2018 Training Schedule
3. Employee Cross Gender Search Training Log
4. PREA Training-Guidance On Cross Gender and Transgender Pat Search
5. Transcript Cover Page?
6. Transgender Overview
7. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 7
8. Policy IV-4.1-1.03 Prison Rape Elimination Act Pages 11 & 12
9. Policy IV-4.1-2.01 Security Staffing Pages 6 & 7
10. Policy IV-4.1-2.04 Movement and Supervision of Residents Pages 5 & 6

115.315 (a)-1 DJJ trains staff on 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. In the past 12 months the facility has conducted zero (0) cross-gender strip or visual body cavity searches.

115.315 (d)-1 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. Accommodations may include modifications of resident toilet and shower areas to provide privacy while allowing supervision of the opposite gender. When both males and females are housed in a JCC facility, at least one male and one female staff member shall be on duty at all times.

115.315 (d)-2 An announcement of the presence of staff of the opposite gender shall be made and documented when he/she is entering a 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.

115.315 (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.

115.315 (f)-1 The facility PAQ indicates 100% of responsible staff have received search training. A review of the training curriculum which was developed by The Moss Group, BJA, and available on the National PREA Resource Center website covers the necessary training objectives and goals.

Interviews:

Superintendent

Director

Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches

Random Staff

Random Residents

Interviews with randomly selected staff as well as interviews with the Director, Superintendent and Associate Superintendent 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. Staff and resident interviews indicated staff make opposite gender announcements, and the practice seemed to be consistent with the agency/facility policy. All interviewed residents and staff described a showering procedure in which residents come out of their rooms to shower fully clothed, 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.

## **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
-

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- 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  No
- 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  No
- 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  No
- 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: Are blind or have low vision?  Yes  No

### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.316 (c)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

1. Reporting Sexual Abuse Brochure 5-6-15
2. Reporting Sexual Abuse Brochure (Spanish)
3. Steps to Filing a Grievance and Complaint (Spanish)
4. Translation Invoice Dated Sept. 1, 2017 (True Word Spanish Interpretation and Translation)
5. Translation Invoice Dated July 10, 2017
6. Policy IV-4.1-1.03 Prison Rape Elimination Act

115.316 (a)-1 DJJ will 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 includes, 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. Documentation of the youth brochures both in English and Spanish were provided to support the facility's efforts to provided information to limited English speaking youth.

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 used. The facility provided two (2) invoices demonstrating the facility used translation and interpretation services through True Word Spanish Interpretation and Translation.

Interviews:

Superintendent

Random Staff

Limited English Proficient Residents (2 Spanish speaking residents)

During the on-site audit two (2) residents were identified as Spanish speakers as their native language with limited English. During the interviews with both youth, the auditor allowed the residents to determine if they wanted to utilize the language assistance provider that was made available to the Auditor. Both residents declined the use of the provider stating they felt comfortable proceeding without assistance. The Auditor informed both residents the interview would proceed without assistance and should either party express the need to contact the provider the interview would be suspended until connected with someone through the Language Assistance Contractor List. The Language Assistance Contractor List provided a hotline number and the agencies four-digit account number. The facility provided the Auditor with several invoices to demonstrate the line was operational and the facility has been invoiced for the translation services.

During the interviews with the identified residents both denied needing to make a report to the facility staff and being unable to communicate effectively. While their English was not fluent, they have adequate speaking and comprehension to answer questions. The residents were able to communicate the method of reporting they would use should they be a victim of misconduct.

## Standard 115.317: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.317 (a)

- 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  No
- 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  No
- 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 question immediately above?  Yes  No

- 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    No
  
- 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    No
  
- 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 question immediately above?  Yes    No

#### 115.317 (b)

- 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    No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes    No
  
- 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    No
  
- 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    No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes    No
  
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes    No

#### 115.317 (e)

- 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  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Background Checks Bon Air Wage and Classified Employees
2. Bon Air Existing Employee Annual PREA Acknowledgments
3. Bon Air New Hires from 2/2017-2/2018
4. Bon Air Newly Hired Employee PREA Questions
5. Bon Air Promotion-Transfer PREA Questions
6. Policy VOL I-17-01 Background Investigations
7. Sample Self-Evaluation PREA Questions

115.317 (a)-1 Hiring and promotion decisions are conducted during the interview process in accordance with PREA standard 115.317. The standards states that agency should 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 49 employees and 37 contractors; the facility provided a spreadsheet indicating all new hires cleared background.

115.317 (e)-1 DJJ shall either conduct criminal background records checks at least every five (5) 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.

115.317 (g)-1 The policy explicitly states, "Material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination."

Interviews:

Administrative (Human Resource) Staff

The interview with the background unit representative details a background check that verifies 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.)

Interviews with the human resource representatives who's responsible for supporting the agency/facility with hiring, promotion and staff disciplinary decisions indicated candidates are asked the pertinent questions on their applications, this is a process that was changed in 2017. Prior to this change the candidates would be asked the questions during the interview process. 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.

## Standard 115.318: Upgrades to facilities and technologies

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.318 (a)

- 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    No    NA

### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

1. Folder Facility Layout Cameras (Core Cameras, School Cameras, Housing Unit A, Housing Unit B)
2. Upgrades to facilities and technologies memo dated April 18, 2018
3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 6

115.318 (a) A memo submitted to the auditor by the facility Superintendent, Mr. Jennings details that facility has not designed, acquired any new facilities, modified the existing facility or updated the video monitoring system during this audit cycle. The policy indicates DJJ will consider the effect of designs, acquisitions, expansions, or modifications on DJJ's ability to protect residents from sexual abuse.

115.318 (b) When installing or updating any video monitoring system, electronic surveillance system, or other monitoring technology, DJJ will consider how such technology may enhance DJJ's ability to protect residents from sexual abuse.

Interviews:

Superintendent: The facility does not have any physical plant expansions. During the facility tour the Auditor was escorted to the Department of Education modular style building, which was built in 2017. The building sits outside the expansion building just outside the school and is off-limits to residents.

The facility has identified blind spot areas and is working on plans to install approximately 100 additional cameras to cover those areas. The areas immediately identified include: administration hallway, outside the Department of Education modular style building, shed/trash area.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- 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    No    NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA
- 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    No    NA

#### 115.321 (c)

- 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  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- 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  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- 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  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- 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  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- 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.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

1. Evidence protocol and forensic medical examinations memo dated April 18, 2018
2. Memorandum of Agreement between DJJ and Virginia Commonwealth University Health System Authority (VCUHS)
3. Interagency Agreement between DJJ and the Virginia State Police
4. Sexual Assault Allegation Flowchart implemented October 2017
5. Policy VOL I-1.7-01 The Roles Functions and Responsibilities of the Investigative Unit and Personnel Reporting Responsibilities Page 3
6. Policy VOL IV-4#1 Immediate Sexual Abuse Response Protocol BonAir
7. Policy VOL IV-4#1 Non-Immediate Sexual Abuse Response Protocol
8. Policy IV-4.1-1.03 Prison Rape Elimination Act

115.321 (a)-1 Referrals for investigation should be made using the supervisory chain of command. Once the Organizational Unit Head, Superintendent or designee is made aware of a potential situation of an administrative, criminal, PREA, or other violation, he/she shall notify, as soon as practical, the Investigative Unit Manager and/or the Investigative Unit Supervisors. The Investigative Unit Manager and/or Investigator Supervisors shall have 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 Attorney Offices and/or the Office of the State Inspector General (OSIG) for guidance and resources.

115.321 (b)-1 The agency policy requires the facility to use protocol developmentally appropriate for youth.

115.321 (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 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 policy indicates the facility would attempt to make a victim advocate from a rape crisis center available to the resident; however, the facility does not indicate who the facility has an agreement with in those cases.

Interviews:

SANE/SAFE Staff

Random Staff

Resident who Reported Sexual Abuse

The facility indicated residents who require a forensic examination will be transported to the Virginia Commonwealth University where SANE exams are conducted by trained and certified SANE examiners. Additionally, VCUHS will provide testing, STD Prophylaxis and options as medically determined. Upon the residents return to the facility, the medical staff can provide follow-up care and will make arrangements to transport the resident to the VCUHS for any medical care that cannot be accomplished at the facility infirmary.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.322 (b)

- Does the agency have a policy and practice 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  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.322 (c)

- 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).]  
 Yes    No    NA

### 115.322 (d)

- Auditor is not required to audit this provision.

### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 10 Investigation Reports
2. Interagency Agreement between DJJ and the Virginia State Police
3. Policy IV-4.1-1.03 Prison Rape Elimination Act
4. Snapshot the agency PREA website

115.322 (a)-1 All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports shall be investigated promptly, thoroughly, and objectively. Criminal investigations are referred to the Virginia State Police. The facility PAQ reports a total of 67 reports; 31 resulted in an administrative investigation and 28 resulted in a criminal investigation. All administrative and criminal investigations have been completed.

115.322 (b)-3 The facility provided ten (10) investigation reports for review. In reviewing the investigation reports it appear the facility investigates consensual and non-consensual/abusive sexual contact.

#### Interviews:

Agency Head  
Investigative Staff

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 12 trained investigators, who are former law enforcement officers with police powers. The investigators use a preponderance of the evidence evidentiary standard 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 and conclusion to the facility Superintendent for appropriate staff or resident discipline; discipline is administered by the facility administrators in collaboration with the human resource department.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- 4
- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
  - 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  No
  - 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  No
  - 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  No
  - 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  No
  - 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  No
  - 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  No
  - Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No

- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- 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  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- 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  No
- 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  No

#### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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### Documentation Reviewed:

1. 2017-2018 Training Schedules
2. Employee PREA Training Acknowledgments
3. PREA Participant Training Manual 2017-2018
4. PREA Training Lesson Plan 2017-2018
5. PREA Training PowerPoint 2017-2018
6. Policy IV-4.1-1.03 Prison Rape Elimination Act

The agency policy indicates the staff will receive training covering the 12 required modules. DJJ employees who have contact with residents will receive refresher training on DJJ's current sexual abuse and sexual harassment policies and procedures every year.

### Interviews:

Random Staff

Interviews with the staff representing all shifts and various job classes indicated all have received annual PREA training and periodic refresher training 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. According to the staff training including the zero-tolerance policy, responsibilities as a first responder and staff and resident's rights to be free from retaliation for cooperating with an investigation. Staff were unaware in their responses in their ability to report allegations of sexual abuse and sexual harassment privately, as a result the facility was charged with training staff on the facility and agencies staff private report methods that have been established. The PREA Coordinator provided the PREA Auditor with the training bulletin utilized to train staff on their privately reporting options. 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. The documentation also included signed training logs where the staff members acknowledged receiving and reading the bulletin; and having had the opportunity to discuss the information with their immediate supervisor.

## Standard 115.332: Volunteer and contractor training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.332 (a)

- 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 r
- Response policies and procedures?  Yes  No

### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. Backgrounds Medical Contractors
2. Medical Contractors Background Checks
3. PREA Brochure for Contractors and Volunteers
4. Policy IV-4.1-1.03 Prison Rape Elimination Act
5. Volunteer Orientation Packet 2017
6. Volunteer PREA Acknowledgement Form
7. Volunteers RHART\_PREA Acknowledgment

115.332 (a)-1 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 with a lesson plan, where applicable specialized training related to responsibilities. The

facility PAQ indicates 243 volunteers and contractors who have contact with residents received PREA training which addressed sexual abuse and sexual harassment prevention, detection, and response. The facility provided signed training logs and acknowledgements dated August 15, 2017.

Interviews:

Volunteers and Contractors who may have Contact with Residents

The interview with one (1) contractor and one (1) volunteer indicated they received PREA training and periodic refresher information. The individuals understand their role and responsibility when they become aware or have suspicion that a resident is a victim of sexual abuse or sexual harassment.

## Standard 115.333: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- 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  No
- 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  No
- 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  No

#### 115.333 (c)

- Have all residents received such education?  Yes  No
- 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  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. Reporting Sexual Abuse Brochure – Spanish
2. Reporting Sexual Abuse Brochure – English
3. Resident Education February 2017-May 2017

4. Resident Education June 2017-February 2018
5. Resident PREA Education and Orientation
6. Policy IV-4.1-1.03 Prison Rape Elimination Act

115.333 (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 239 residents in the past 12 months, and all received comprehensive age-appropriate education. The facility provides a resident PREA brochure in English and Spanish. The facility provided a sample of resident signed Intake/Orientation forms from February 2017-February 2018 indicating the resident received PREA information upon intake.

115.333 (b)-1 Within the first ten (10) days of arrival to the facility, the facility Community Coordinator or designee provides residents the education material; the information includes the following topics:

1. Definition of sexual abuse and sexual harassment and behavior prohibited by staff, contractors, volunteers and other residents;
2. Strategies to prevent sexual abuse and sexual harassment;
3. Reporting sexual abuse and sexual harassment;
4. Department policies and procedures for responding to such incidents;
5. Their rights to be free from retaliation for reporting such incidents;
6. Availability of treatment and counseling, and
7. Availability and use of Resident PREA Reporting Line.

Interviews:

Intake Staff

Random Residents

All the residents interviewed acknowledged receiving PREA information immediately upon admission to the facility. They all remembered being informed about their right to be free from sexual abuse and sexual harassment, and reporting policies. The youth were unable to tell the Auditor if they received additional PREA information at any time after their admission. During a review of the documentation provided and a review of resident files on-site the Auditor noticed a signed form "How to Report Sexual Abuse" pamphlet where the resident's form was signed on the date of the resident's admission. There was another form "Intake/Orientation" that includes PREA information was dated the next day of the resident's admission. During the facility tour the Auditor noticed PREA zero-tolerance posters throughout the facility strategically placed. The intake staff interviewed communicated they utilize the orientation guide to provide the resident's with as much information as possible to keep the residents' safe.

**Recommendation:** Given the adolescent brain and anxiety a person experiences during an intake process the Auditor suggest the facility consider providing additional resident education on a consistent (weekly or monthly) basis to reinforce the information provided to the residents upon their transfer to their home unit.

## Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.334 (a)

- 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  No  NA

#### 115.334 (b)

- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA

#### 115.334 (c)

- 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  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

1. Investigator Training Certificates
2. Policy IV-4.1-1.03 Prison Rape Elimination Act

115.334 (a)-1 In addition to general PREA training all DJJ investigators, including designated facility PREA investigators who conduct investigations into sexual abuse and sexual harassment shall receive specialized training in conducting investigations in correctional settings. The training will include:

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

The facility provided documentation for 12 trained investigators.

Interview:

Investigative Staff

The interviewed investigative staff indicated they have received PREA training and seek out opportunities to ensure they are current with any changes and follow current investigative tactics. The investigators have completed the ecourse trainings on the NIC website and attend trainings offered by community agencies.

## **Standard 115.335: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.335 (a)**

- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

- 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?  Yes  No

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.335 (c)

- 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?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- 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?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

1. Medical Specialized Training Certificates
2. Mental Health Specialized Training 2018
3. Mental Health Specialized Training Certificates
4. Policy IV-4.1-1.03 Prison Rape Elimination Act

115.335 (a)-1 The agency policy requires full and part-time employees and medical practitioners and QMHP's who work regularly within the facility will receive training in the following areas:

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

115.335 (b)-1 No medical staff employed by DJJ conduct forensic examinations. When a forensic examination is required, the resident will be transported to a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner.

Interviews:

Medical & Mental Health 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." 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."

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.341 (a)

- 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  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- 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  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- 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  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

## 115.341 (e)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 9 & 10
2. Vulnerability Assess February 2017-April 2017
3. Vulnerability Assess May 2017-September 2017
4. Vulnerability Assess September 2017-February 2018

115.341 (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 three (3) months or in conjunction with the quarterly progress report. The completion of the assessment will 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.

115.341 (b)-1 Information will 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. Information to be gathered shall include:

1. Prior sexual victimization or abusiveness;
2. 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;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or mental disabilities;

8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The resident's own perception of vulnerability; and
11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The facility provided a sample of Vulnerability Assessments from February 2017-February 2018.

**Interviews:**

Staff that Perform Screening for Risk of Victimization and Abusiveness

Random Residents

The intake staff at Bon Air is trained to complete the Vulnerability Assessment, which is completed within 24 hours of intake. The supporting documentation also demonstrated periodic reviews and reassessments. The PREA Coordinator noticed the current tool does not identify victims of sexual abuse; the tool only ascertains if the resident has a prior adjudication for an offense of a sexual nature. The facility has access to collateral information to assist with identifying victims of sexual abuse; based on specialized interviews with residents the facility appears to have correctly identified residents with prior victimization. As a result of the missing information on the Vulnerability Assessment form the PREA Coordinator provided documentation to demonstrate the agencies collaboration with Just Detention International to develop an objective classification risk screening instrument to evaluate all residents' risk of sexual victimization and perpetration. The proposed implementation date is slated for August 2018.

Interviews conducted with the residents confirmed all relevant questions were asked during the intake process.

## Standard 115.342: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.342 (a)

- 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  No
- 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  No
- 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  No
- 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  No

- 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  No

#### 115.342 (b)

- 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  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.342 (d)

- 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  No
- 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  No

#### 115.342 (e)

- 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  No

#### 115.342 (f)

- 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  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- 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?)  Yes  No  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?)  Yes  No  NA

#### 115.342 (i)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

1. Transgender Resident
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Pages 10 & 11
3. Policy IV-4.1-2.04 Movement and Supervision of Residents Page 6

115.342 (a)-1 The policy requires the facility to use the information gathered during intake screening 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.

115.342 (b)-1 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. 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.

115.342 (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 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).

### Interviews:

Staff that Perform Screening for Risk of Victimization and Abusiveness  
Staff Who Supervise Residents in Isolation  
Transgendered, Intersex, Gay, Lesbian, and Bisexual Residents  
Residents in Isolation

The Vulnerability Assessment tool is utilized to identify potential vulnerabilities or tendencies to act out with sexually aggressive behavior and risk for sexual victimization.

Prior to the Auditors arrival to the facility for the on-site audit a representative for the facility shared an article that praised the facilities work with a resident who identified as transgender. The facility worked with community resources to provide support to the resident and training and guidance to the facility.

The facility determined the needs of the resident and made housing and programming decisions in the best interest of the resident, which was in full compliance with the standards.

## REPORTING

### Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- 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  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- 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  No

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

## 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  
 Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 12 Investigation Reports
2. Memorandum of Agreement between DJJ and YWCA of Richmond and the Hospital Accompaniment (RHART)
3. Ombuds Program Brochure
4. PREA Zero-tolerance Poster - English
5. Reporting Sexual Abuse Brochure – English
6. Resident PREA Education and Orientation
7. Policy IV-4.1-1.01 Incident Reports
8. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 13-15
9. Policy IV-4.1-1.15 Resident Grievance and Compliant Request

115.351 (b)-1 Residents are 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:

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

115.351 (b)-1 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).”

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

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

115.351 (e)-1 Staff may use the Ombuds Program’s number (804) 855-414 to privately report sexual abuse and sexual harassment of residents. This information is provided to staff via posters and training.

Interviews:

Random Staff

Random Residents

Resident who Report Sexual Abuse

The residents were able to communicate the multiple ways to internally report allegations of sexual abuse, sexual harassment, or retaliation. Residents state they can report to staff, file a grievance, call #55, or talk to their parents or legal guardian. Most of the residents were unable to communicate methods of external reporting; as a result, the facility was charged with providing additional training to the residents covering external reporting methods. The facility provided the Auditor with documentation on June 7, 2018 with the facility zero tolerance poster where the Greater Richmond Regional Hotline number is boldly printed; and the address for YWCA Richmond is also printed. The facility also provided signed training logs, which were dated in May and June 2018.

All staff interviews indicated the staff understand they have a duty to report sexual abuse and sexual harassment allegations made verbally, in writing, anonymously and from third parties. The staff are required to document the reports as soon as possible but no later than the end of their shift.

## Standard 115.352: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a 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  No  NA

#### 115.352 (c)

- 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  No  NA
- 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  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- 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.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- 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  No  NA
- 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  No  NA

- 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  No  NA
- 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  No  NA
- 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  No  NA

#### 115.352 (f)

- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA

#### 115.352 (g)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 3 Investigation Reports that was initiated from a resident grievance
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Pages 12-14
3. Policy IV-4.1-1.15 Resident Grievance and Complaint Request Pages 5-8

115.352 (a)-1 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 will not be referred to a staff member who is the subject of the complaint.

115.352 (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.

115.352 (d)-1 In the past 12 months the facility received three (3) 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 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 (f)-1 Emergency grievances will be sent immediately to the shift commander. The shift commander will determine if the grievance should be forwarded to the authoritative level at which corrective action can occur. All emergency grievances require a one (1) hour response and eight (8) hours resolution.

#### Interview:

## Random Residents

Of the residents interviewed zero (0) reported filing a grievance to report sexual abuse or sexual harassment. All the residents indicated they are aware they can use the grievance process to make a report.

## Standard 115.353: Resident access to outside confidential support services and legal representation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- 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  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

- 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  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  
 Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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### Documentation Reviewed:

1. Memorandum of Agreement between DJJ and the YWCA of Richmond and the Hospital Accompaniment (RHART)
2. Resident access to outside support services dated April 20, 2018
3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 17

115.353 (a)-1 Residents will be provided access to the YWCA of Richmond; the Hospital Accompaniment (RHART) for emotional support services related to sexual abuse. A memo provided by the facility states, "The facility has not provided the residents with reasonable and confidential access to their attorneys or legal representation because of a sexual abuse report."

115.353 (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 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 – Residents have access to confidential access to their attorney or legal representation through mail; phones are on the unit; and they receive legal mail that is open and screened but not read. They have access to their parents or legal guardians through mail; phones on the unit, and family visits. There are times designated throughout the day that allows the residents to make phone calls. There are free phone calls, and a pay phone (blue phone) that the residents have access to.

Random Resident - Most of the residents were unable to communicate methods of external reporting; as a result, the facility was charged with providing additional training to the residents covering external reporting methods. The facility provided the Auditor with documentation on June 7, 2018 with the facility zero tolerance poster where the Greater Richmond Regional Hotline number is boldly printed;

and the address for YMCA Richmond is also printed. The facility also provided signed training logs, which were dated in May and June 2018.

## Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

1. Investigation Report March 2017 that was initiated from a third-party reporter
2. Ombuds Program Brochure 2018
3. Reporting Sexual Abuse Brochure
4. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 16

115.354 (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.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

## Standard 115.361: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.361 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

**115.361 (b)**

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

**115.361 (c)**

- 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  No

**115.361 (d)**

- 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  No
- 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  No

**115.361 (e)**

- 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  No
- 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  No

- 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  No  NA
- 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  No

### 115.361 (f)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

1. Report of prior victimization made to BSU
2. Staff Code of Conduct policy and receipt
3. Policy VOL IV-4.1-1.03 Attachment #1 Sexual Abuse Immediate Response Protocol
4. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 18
5. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 14 & 15

115.361 (a)-1 Staff, including medical practitioners and QMHPs, shall immediately report to the shift commander and 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 or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation shall also be reported. If the shift commander is the subject of the complaint, the staff shall notify the Administrator on call.

115.361 (c)-1 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. 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 – All staff are mandatory reporters and have a duty to reports abuse allegations to Child Protection Services; the report should be made with 24 hours.

Of the staff interviewed they were all able to share the multiple ways staff and residents could make reports of sexual abuse and sexual harassment allegations.

## Standard 115.362: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.362 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 11 Incident Reports
2. Policy IV-4.1-2.28 Special Housing Page 5

115.362 (a)-1 The policy explain residents may request Protective Custody (PC) status in writing when 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. 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 from being in imminent risk of sexual abuse.

A review of the 11 reports 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".

**Interviews:**

Superintendent – 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 segregation up to 2 hours, but that would not be the practice. Staff are expected to respond immediately.

Of the interviews and/or conversations the Auditor had with the facility/agency administrators (Director, Superintendent and Associate Superintendent) they explained actions they would take in the event a resident was subject to a substantial risk of imminent sexual abuse. The facility has the option of changing a resident's room and unit assignment. In those instances where a resident was at risk by being placed in the facility, a multidisciplinary team would convene to determine how to protect the resident. If the possible, perpetrator involved a staff member, the facility would place the staff member on no contact by moving their work assignment or placing them out of the facility on leave. All interviewed residents denied they had experienced any feelings of or actual risk of imminent sexual abuse at the facility and reported feeling safe.

## **Standard 115.363: Reporting to other confinement facilities**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.363 (a)**

- 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  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### **115.363 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### **115.363 (c)**

- Does the agency document that it has provided such notification?  Yes  No

### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 1 Incident Report
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 16

115.363 (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 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 there was one (1) allegation of a resident reporting sexual abuse at another facility.

#### Interviews:

Superintendent – When the facility receives an allegation of abuse that occur another facility the Superintendent will contact the Director/Superintendent at the other facility and follow that call up with a call to the agency investigators.

The facility provided 1 report demonstrating the facility received one allegation from a resident reporting they were a victim of sexual abuse while placed at another facility.

### Standard 115.364: Staff first responder duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.364 (a)

- 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  No
- 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  No
- 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  No
- 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  No

### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

1. Staff first responder duties memo dated April 24, 2018
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 18 & 19
3. Policy IV-4.3-2.05 Medical Sexual Assault Response Plan Pages 2-3

115.364 (a)-1 The DJJ policy requires each facility 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 twenty-eight (28) allegations of sexual abuse; a security staff member received all 28 allegations and followed the steps necessary to preserve evidence.

Interviews:  
Random Staff

Staff were able to communicate effectively and make this Auditor aware of their first responder duties. All stated they would immediately separate the victim from the perpetrator, inform their supervisor, and initiate a written report. This Auditor was satisfied that the staff are aware they are not responsible for evidence collection and would instead secure the area to allow the investigation unit to collect the evidence.

## Standard 115.365: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.365 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. PREA Response Plan
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 17

The facility has developed a very easy to read and follow flow-chart that instructs staff step-by-step. The staff response is to separate the resident from the perpetrator. If that involves a staff member the Superintendent has the option to place the staff member on no resident contact or place them on administrative leave. If the abuse was at the hands of another resident the residents will be separated by units. The receiving staff will immediately refer the resident to medical for a crisis assessment; the staff will then follow medicals recommendations. All notifications will be made by the supervisor, who will contact the Superintendent, Child Protective Services, and the Virginia State Police if the act is deemed criminal.

While touring the facility the Auditor saw the facility PREA Response Plan posted on the units on poster size paper.

## **Standard 115.366: Preservation of ability to protect residents from contact with abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### **115.366 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

1. Preservation of ability to protect residents from contact with abusers memo dated April 24, 2018

The memo states, "In accordance with Code of Virginia, collecting bargaining is prohibited."

## Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.367 (a)

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.367 (b)

- 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  No

### 115.367 (c)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  Yes  No

#### 115.367 (e)

- 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  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. Retaliation Monitoring Forms
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 16 & 17

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

115.367 (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 – The facility PREA Compliance Manager is responsible to monitor residents for retaliation. In those instances where there is retaliation the facility will separate the resident and investigate. The PREA Coordinator will monitor for retaliation for incidents that involve staff.

PREA Compliance Manager – The PCM is responsible for monitoring and detecting possible retaliation for the facility residents. The monitoring will be conducted up to 90 days as frequently as necessary and for as long as necessary.

PREA Coordinator – The agency PREA Coordinator is responsible for monitoring for retaliation when a staff member is a party in the allegation or witness.

## Standard 115.368: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.368 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

1. Post-allegation protective custody memo dated April 24, 2018
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 10
3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 17
4. Policy IV-4.1-2.28 Special Housing

115.368 (a)-1 DJJ facilities shall take immediate action to protect residents who report sexual abuse or residents who are deemed to be a substantial risk of imminent sexual abuse. Protective Custody placements are considered special housing decisions; residents may be temporarily placed in special housing in order to maintain the safety and security of the resident, other residents, or staff to maintain security or orderly running of the facility. The facility PAQ reports zero (0) residents placed in Protective Custody in the past 12 months.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- 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  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- 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  No

#### 115.371 (f)

- 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  No
- 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  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

#### 115.371 (h)

- 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  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- 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  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 12 Incident Reports
2. Investigator Training
3. Policy VOL I-1.7-01 The Roles and Responsibilities of the Investigative Unit Pages 3 & 4

4. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 21-23
5. Interagency Agreement between DJJ and the Virginia State Police

115.371 (a)-1 Allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are investigated promptly, thoroughly and objectively. All criminal and administrative sexual abuse and sexual harassment allegations are investigated by the DJJ Investigation Unit, which has law enforcement power.

115.371 (b)-1 Allegations of sexual abuse shall be investigated by investigators who have received special training in sexual abuse investigations involving juvenile victims. The investigation reports submitted for review demonstrate all allegations were accepted as serious and resulted in a thorough investigation.

115.371 (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:**

**Superintendent** – The facility remains informed of the progress of allegations by contacting the agency to check on the status of a referral. The Superintendent reports Child Protective Services has a practice of contacting the facility to update them on the status of a report. Law enforcement works closely with the agency investigators and will communicate the progress of a report through the agency investigators.

**Investigative Staff** – According to the interviews with the investigation unit an investigation would be initiated right away. If the report comes in after-hours and can wait, 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 be present for SANE exams. The investigation procedures are initiated by gathering information by reviewing the incident report, statements, notes, and reviewing video. When interviewing residents', the investigators do not have to obtain parent/legal guardian consent before proceeding. At the conclusion of the investigation, the investigator will complete a report where the final version of the report will go 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. When asked if the investigators ever use a polygraph, there was a resounding "No". In instances where a staff member resigns from the facility during an investigation and before they are interviewed, the investigators will contact the person at their homes when the information is available. 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.

## **Standard 115.372: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.372 (a)**

- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Documentation Reviewed:

1. Evidentiary standard for administrative investigations dated April 24, 2018
2. Policy VOL I-1.7-01 The Roles and Responsibilities of the Investigation Unit Page 4
3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 22

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.

Interviews:  
Investigative Staff

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.

## Standard 115.373: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.373 (b)

- 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  No  NA

### 115.373 (c)

- 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  No
- 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  No
- 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  No
- 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  No

### 115.373 (d)

- 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  No
- 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  No

### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 5 Notification Letters
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 23 & 24

115.373 (a)-1 Following an investigation into a resident's allegation of sexual abuse suffered in 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 was sixty-seven (67) criminal/administrative investigations of alleged resident sexual abuse that were completed by the agency or facility in the past 12 months.

115.373 (b)-1 When the investigations are conducted by an outside entity, DJJ shall request relevant information from the investigating agency and inform the resident.

115.373 (c)-1 Of the investigation reports submitted the documentation demonstrates the facility informs a resident when the investigation has concluded and there is a finding. There was no supporting documentation that the resident is informed whenever:

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

115.373 (d)-1 Of the investigation reports submitted the documentation demonstrates the facility informs a resident when the investigation has concluded and there is a finding. There was no supporting documentation that the resident is informed whenever:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

#### Interviews:

Superintendent – The facility PREA Compliance Manager is responsible for notifying the residents of the outcome of an investigation. There is documentation that demonstrates this practice is consistent as required.

The supporting documentation provided demonstrates the investigator is responsible for informing residents about the finding of an investigation. Interviews with the investigators confirm it is the responsibility of the investigator assigned to make notification of all findings. As of April 13, 2018, the facility changed their implementing procedure requiring the PREA Compliance Manager to make notifications to the residents.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- 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  No

#### 115.376 (d)

- 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  No
- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

1. Disciplinary sanctions for staff dated April 24, 2018
2. Policy VOL I-12-01 Staff Code of Conduct
3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 24 & 25

115.376 (a)-1 Employees shall be 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 has terminated or disciplined zero (0) staff for violating the agency sexual abuse or sexual harassment policy.

115.376 (c)-1 Terminations 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 and to any relevant licensing bodies.

Interviews:

Human Resource Staff

The representatives interviewed confirm termination for violating the agency sexual abuse and sexual harassment procedures is the presumptive disciplinary sanction for employees.

**Standard 115.377: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.377 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. Corrective action for contractors and volunteers dated April 24, 2018
2. Policy VOL I-12-01 Staff Code of Conduct
3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 25

115.377 (a)-1 The policy details action taken against contractors and volunteers who engage in sexual abuse; the action is prohibited and will result in a report to the Investigative Unit and to the relevant licensing bodies. The report will be made by the PREA Coordinator. In the past 12 months, the facility reports zero (0) reports to law enforcement for engaging in sexual abuse of residents. Additionally, there was no reports made to licensing bodies due to violations of sexual abuse or sexual harassment policy.

115.377 (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 whether to prohibit further contact with residents.

#### Interviews:

Superintendent

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.

### Standard 115.378: Interventions and disciplinary sanctions for residents

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.378 (a)**

- 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  No

**115.378 (b)**

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

**115.378 (c)**

- 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  No

**115.378 (d)**

- 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  No
- 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  No

**115.378 (e)**

- 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  No

#### 115.378 (f)

- 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  No

#### 115.378 (g)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. Intervention and disciplinary sanctions for residents' memo dated April 24, 2018
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 25 & 26
3. Policy VOL IV-4.1-1.16 Resident Discipline

115.378 (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. In the past 12 months, the facility had 4 criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility. A memo states during this audit period there were no residents who were disciplined for engaging in resident-on-resident sexual abuse.

115.378 (c)-1 The disciplinary process shall 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.

115.378 (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:

Superintendent

Medical & Mental Health Staff

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.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (a)

- 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  No

#### 115.381 (b)

- 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  No

#### 115.381 (c)

- 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  No

#### 115.381 (d)

- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

1. BSU Assessment with Psychologist
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 15

115.381 (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 5% of admitted residents disclosed prior victimization during screening. Samples of resident Behavioral Services Unit Mental Health Appraisal were reviewed to demonstrate follow-up meetings.

115.381 (b)-1 Residents who report having perpetrated sexual abuse shall be offered a follow-up meeting with QMHP within 14 days of intake screening.

115.381 (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)."

115.381 (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.

Reviewed documents demonstrate residents who reported prior victimization or having perpetrated sexual abuse are referred to the facility psychologist for a mental health appraisal, all follow-up meetings occurred within 14 days of the resident's admission.

## Standard 115.382: Access to emergency medical and mental health services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.382 (a)

- 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  No

### 115.382 (b)

- 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  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.382 (c)

- 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  No

### 115.382 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

1. Access to emergency medical and mental health services memo dated April 24, 2018
2. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 19
3. Policy IV-4.3-2.05 Medical Sexual Assault Response Plan Pages 3 & 4

115.382 (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 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 practitioner or QMHPs.

115.382 (c)-1 Resident victims of sexual abuse while committed shall 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.

115.382 (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. 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.

Interviews:  
Medical Staff

The medical staff interviewed confirm victims of sexual abuse would be transported to the SANE clinic since the facility medical staff are not qualified SANE examiners. The resident would be transported as soon as transportation arrangements are arranged. If it is after-hours the medical personnel on-call as well as the medical staff on duty would work to arrange transportation.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.383 (a)**

- 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  No

### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (e)

- 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.)  Yes  No  NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.383 (g)

- 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  No

#### 115.383 (h)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. Mental Health Follow-up Services
2. Policy VOL I-1.7-01 The Roles and Responsibilities of the Investigation Unit

3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 20 & 21
4. Policy VOL IV-4.3-2.05 Medical Sexual Assault Response Plan Page 4

115.383 (a)-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. 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.

115.383 (d)-1 Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. 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 shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (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

Female residents who report being a victim of sexual abuse would 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.).

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.386 (a)

- 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  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- 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  No
- 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  No
- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- 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  No

#### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

1. 5 Incident Review Reports
2. July SIR 2017-7-14 22139
3. Policy VOL IV-4.1-1.03 Prison Rape Elimination Act Page 24

115.386 (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 fourteen (14) criminal and/or administrative investigations of alleged sexual abuse reviews completed at the facility, excluding only unfounded incidents.

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

Interviews:

Superintendent

PREA Coordinator

PREA Compliance Manager

Medical Staff

Mental Health Staff

The Superintendent is an active participant in the facility incident review process. The group consist of the facility executive team, supervisors, therapist, and a representative from education. The team has invited security staff to participant in the incident review process when there is an opportunity to provide teaching and or training.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- 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  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.387 (d)

- 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  No

### 115.387 (e)

- 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  No  NA

### 115.387 (f)

- 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.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 2016 Survey of Sexual Victimization
2. 2016 Survey of Sexual Victimization Incident Form
3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 26

115.387 (a)-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. DJJ will aggregate the incident-based sexual abuse data annually. The facility provided the 2016 Survey of Sexual Victimization data sheet and the substantiated incident forms.

Interviews:  
Director  
PREA Coordinator

The annual report is developed by the PREA Coordinator and reviewed by the agency Director annually. When the agency Director reviews the report he is looking at reporting trends and areas of concern to focus on.

## Standard 115.388: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.388 (a)

- 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  No
- 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  No
- 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  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.388 (c)

- 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  No

#### 115.388 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. 2017 PREA Data Report
2. Policy VOL IV-4.1-1.03 Prison Rape Elimination Act
3. Policy IV-4.1-1.03 Prison Rape Elimination Act Page 26 & 27

115.388 (a)-1 The data collected will be used to assess and improve the effectiveness of DJJ's sexual abuse prevention, detection, and response procedures, practices and training including:

- a. Identifying problem areas;
- b. Taking corrective action on an ongoing basis; and
- c. Preparing an annual report of its findings and corrective actions for each facility, as well as DJJ as a whole.

115.388 (b)-1 The annual report will include 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. The 2017 data report was signed by the DJJ director.

## Standard 115.389: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes    No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes    No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

1. Data storage, publication and destruction word document
2. Policy VOL IV-4.1-1.03 Prison Rape Elimination Act Page 27

Before making aggregated sexual abuse data publicly available, DJJ shall remove all personal identifiers. The policy requires the data will be maintained for at least 10 years after the date of its initial collection.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- 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  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  Yes  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  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Documentation Reviewed:

1. Frequency and scope of audits word document
2. Policy VOL IV-4.1-1.03 Prison Rape Elimination Act Page 27 & 28

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

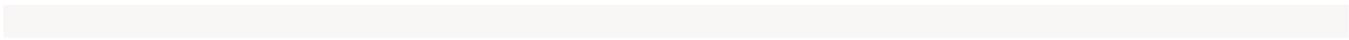
- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Documentation Reviewed:

1. Policy VOL IV-4.1-1.03 Prison Rape Elimination Act Page 29



## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

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**Auditor Signature**

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**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.