

# PREA AUDIT: AUDITOR'S FINAL REPORT JUVENILE FACILITY STANDARDS



|  |   |   |                                  |
|--|---|---|----------------------------------|
| <b>Name of Facility:</b> Blue Ridge Detention Center                           |   |   |                                  |
| <b>Physical Address:</b> 195 Peregory Lane, Charlottesville, VA 22902          |   |   |                                  |
| <b>Date report submitted:</b> November 25, 2016                                |   |   |                                  |
| <b>Auditor information:</b> Charles J. Kehoe                                   |   |   |                                  |
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| <b>Date of facility visit:</b> March 29 -31, 2016                              |   |   |                                  |
| <b>Facility Information</b>  |   |   |                                  |
| <b>Facility Mailing Address:</b><br><i>(if different from above)</i>           |   |   |                                  |
| <b>Telephone Number:</b> (434) 951-9340  |   |   |                                  |
| <b>The Facility is:</b>  | <input type="checkbox"/> Military                                 | <input type="checkbox"/> County                         | <input type="checkbox"/> Federal |
|  | <input type="checkbox"/> Private for profit                       | <input checked="" type="checkbox"/> <b>XX</b> Municipal | <input type="checkbox"/> State   |
|  | <input type="checkbox"/> Private not for profit                   |   |                                  |
| <b>Facility Type:</b>  | <input checked="" type="checkbox"/> <b>X</b> Detention (Juvenile) | <input type="checkbox"/> Correction                     | <input type="checkbox"/> Other   |
| <b>Name of PREA Compliance Manager:</b>  |   | <b>Title:</b>   |                                  |
| <b>Email Address:</b>  |   | <b>Telephone Number:</b>                                |                                  |
| <b>Agency Information</b>  |   |   |                                  |
| <b>Name of Agency:</b> Blue Ridge Juvenile Detention Commission                |   |   |                                  |
| <b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i>            |   |   |                                  |
| <b>Physical Address:</b> 195 Peregory Lane, Charlottesville, VA 22902          |   |   |                                  |
| <b>Mailing Address:</b> <i>(if different from above)</i>                       |   |   |                                  |
| <b>Telephone Number:</b> (434) 951-9340  |   |   |                                  |
| <b>Agency Chief Executive Officer</b>  |   |   |                                  |
| <b>Name:</b> Cathy Roessler  | <b>Title:</b> Supt.   |   |                                  |
| <b>Email Address:</b> roesslerca@brjd.org                                      | <b>Telephone Number:</b>  | (434) 951-9341  |                                  |
| <b>Agency Wide PREA Coordinator</b>  |   |   |                                  |
| <b>Name:</b> Jay Boland  | <b>Title:</b>   | Assistant Superintendent                                |                                  |
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# AUDIT FINDINGS

## NARRATIVE:

The PREA audit of the Blue Ridge Juvenile Detention (BRJD) facility was conducted from March 29 - 31, 2016 in Charlottesville, VA. The Designated Auditor (the designated auditor) was Charles J. Kehoe of Midlothian, Virginia. Mr. Kehoe was assisted by Ramona White, a Certified PREA Auditor, (the auditor).

The Designated Auditor wishes to extend his deepest appreciation to Superintendent, Cathy Roessler and Assistant Superintendent/PREA Coordinator, Jay Boland and all the employees of BRJD for their professionalism, hospitality, and kindness.

The Superintendent mailed the BRJD PREA policies and procedures and related documents to the designated auditor several weeks before the audit.

The auditor contacted Just Detention International to inquire if that agency had received any information regarding BRJD. A check of their records showed no complaints on file regarding the agency.

The auditors arrived at the facility at 8:05 a.m. on Tuesday, March 29, 2016 and were greeted by Superintendent Roessler and Mr. Boland. An Entrance Meeting was held at 8:15 a.m. with the administrative team. Superintendent Roessler, Assistant Superintendent Boland, and Business Office Manager, Jodi Dillow were in attendance along with the auditors. The Superintendent welcomed the auditors and provided an overview of the facility. The auditor thanked the BRJD Commission and the facility's leadership for being involved in the PREA certification process. They then reviewed the audit process and the audit schedule. The PREA Coordinator gave the auditor the names of the employees and the residents in the facility so he could select those who would be interviewed. The Superintendent and the PREA Coordinator (PC) also identified specialized staff who could be interviewed.

The site review of the facility began at 9:20 a.m., following the Entrance Meeting. Accompanying the auditors on the tour were Superintendent Roessler and Assistant Superintendent Boland. All areas where residents could be found were inspected. The site review ended at 10:35 a.m.

Following the tour the auditor began the interviews.

When the audit started, there were 16 residents (14 males and 2 females) in the facility. Ten of the 16 residents were juveniles under the custody of the Virginia Department of Juvenile Justice nine (9) were under the Community Placement Program and one (1) youth was in the reentry process). One (1) resident was in the facility's Post-Dispositional Program. Three residents were pre-adjudicated. The reentry resident was released on the first day of the audit.

Ten residents were selected for random interviews. In the process of conducting the random interviews, one (1) resident was identified who was somewhat intellectually disabled and one (1) resident was identified who had limited English proficiency. No residents in the facility had reported an allegation of sexual abuse or sexual harassment. No residents were identified as being LGBTI. No resident was in isolation for behavioral issues and no resident was identified as disclosing a prior sexual victimization.

BRJDC has 41 authorized positions that have contact with residents.

Interviews with residents revealed that they are well informed about PREA, their rights, and how to report an abuse. The residents reported that they felt safe in this facility and that they are

treated well by the staff. New admissions to the facility are informed about PREA during intake. Medical staff provide the orientation.

Eleven direct care staff were randomly selected by the auditors from all shifts and interviewed. Seventeen interviews were conducted with staff, volunteers/interns, or contractors in 12 specialized areas and included the Superintendent, the PREA Coordinator, higher level shift supervisors (2), medical and mental health professionals (2), the Human Resources Manager, volunteers /interns and contractors (4), the facility investigator, staff who screen for risk of victimization, a staff member who supervises residents in isolation, an Incident Review Team member, the designated staff member who monitors for retaliation, a non-security staff who could act as a first responder, and an Intake staff member. Since this is a relatively small facility, some of the staff have multiple responsibilities so a few individuals were interviewed more than once if their duties covered more than one specialized area. The Designated Auditor also interviewed the director of the Sexual Assault Resource Agency (SARA), which is the local rape crisis.

In all, the auditors conducted 40 interviews during the BRJDC PREA audit.

During the site review, the auditor called the PREA reporting line to see what would happen if a resident reported an abuse. The phone was answered by a voice recording that said this was a PREA reporting line and then the auditor was instructed to leave a message which was then forwarded to the Superintendent. Within a matter of minutes, the Superintendent reported that she received the message.

The agency does not contract for the confinement of its residents with other facilities.

Cross-gender searches are not allowed in this facility. BRJD staff have been trained to conduct cross gender searches in an exigent circumstance. Training included the use of the Moss Group video. During the random interviews, the auditor asked the staff to demonstrate how cross-gender searches and searches of a transgender or intersex resident would be conducted. The auditor was very impressed by how well the staff demonstrated these search procedures. The staff said the searches must be respectful and that a transgender resident would be asked if he/she had a preference as to who would search him/her.

Four (4) of the 10 residents interviewed said they could not remember the names of any agencies that would provide emotional support for a victim of sexual abuse, if needed. The other nine (6) residents named agencies or services that are available in the community. Every resident is given a copy of the Blue Ridge Juvenile Detention Resident Guide to Addressing Sexual Misconduct, How to Identify and Address Sexual Misconduct, during Intake. The Guide lists the names of agencies the residents can call to report sexual abuse or sexual harassment.

The agency provides very comprehensive PREA training that includes printed materials and video training. Training is three to four (4) hours in length. All random staff interviewed acknowledged, in writing, that they had received the training. The most recent training was provided three weeks prior to the audit. Five (5) training records and the curriculum were reviewed and documented.

During the interviews, all resident advisors described, in detail, procedures for protecting residents from harm or threats of retaliation, the preservation of evidence, and the mandatory reporting requirements.

Allegations of sexual abuse will be investigated by the Albemarle County Police Department, the Albemarle County Department of Social Services, and the Virginia Department of Juvenile Justice. BRJD has a signed Memorandum of Understanding with the Albemarle County Police Department as the principle law enforcement agency. The facility also has a Memorandum of Understanding with University of Virginia Medical Emergency Department to provide SAFE/SANE services required

by the standards. The facility also has a Memorandum of Understanding with the Sexual Assault Resource Agency (SARA). SARA will provide confidential emotional support services to the victim of sexual abuse and accompany and support the victim through the forensic medical examination process and investigatory interviews. SARA will also offer crisis intervention, information, and referral services to sexual abuse victims at BRJD.

The Assistant Superintendent and the Chief of Security completed the online specialized course for PREA investigators and the basic PREA training.

There have been no allegations of sexual abuse or sexual harassment reported at this facility during the audit period.

Medical and mental health services are provided to the residents of the facility on site by a nurse (LPN) and a qualified mental health professional (QMHP). A part-time physician and a part-time psychiatrist also provide health care and mental health monitoring. In reviewing training records, the auditor found that at the time of the audit, the LPN and the QMHP had received the medical and mental health basic PREA training and the specialized training. However, the physician and psychiatrist had not received the specialized training at the time of the audit. This was confirmed during interviews and by documentation provided. The needed training for the physician and the psychiatrist was provided shortly after the audit. Documentation was provided to the auditors.

The auditor was impressed by the staffing at this facility and the emphasis the staff have on constant supervision and lines of sight. The physical plant contributes to good supervision with good lines of sight, glazing in all areas of the facility, and 68 cameras that provide comprehensive coverage.

BRJD has a very impressive Web site with a separate PREA tab that is easy to navigate. The Web site describes the facility's Zero Tolerance Policy, the investigative protocols, and enables third-party reporting.

The BRJD sexual abuse and sexual harassment data collection procedures meet the requirements of the standards. BRJD has published its 2015 Annual PREA Report that describes the facility's continuous effort to comply with all the PREA standards. The Annual Reports is available on the facility's Web site.

When the on-site audit was completed, the auditor conducted an exit meeting at 12:15 p.m. on March 31, 2016. The BRJD Superintendent and the Assistant Superintendent/PREA Coordinator were in attendance with the two auditors. While the auditors could not give the facility a final finding, as there were few issues needing further review, the auditors did give an overview of the audit and thanked the BRJD administrators and staff for their hard work and dedication to the full implementation of the Prison Rape Elimination Act.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Mission Statement of BRJD is stated as follows:

"It is the mission of Blue Ridge Juvenile Detention to provide residents with a safe, clean, secure environment through a structured program. This includes assessment of resident needs through the integration of academic, mental health, medical, programs and security practices. In meeting its mission objectives, Blue Ridge Juvenile Detention will encourage and foster interagency collaboration in support of transitioning residents to the community."

BRJD opened for operations in July 2002. This is a 40-bed, state of the art, secure juvenile detention facility designed and licensed to care for juveniles, ages 10 thru 17. The facility was designed by Moseley Architects of Richmond, Virginia and constructed by Kenbridge Construction located in Kenbridge, Virginia. BRJD is located in the County of Albemarle with the Virginia National Guard Armory and the Albemarle – Charlottesville Regional Jail on adjacent properties.

Blue Ridge Juvenile Detention is a Commission operated facility with the following localities as participating members, the City of Charlottesville, the County of Albemarle, the County of Culpeper, the County of Fluvanna, and the County of Greene.

The facility is located 195 Peregrine Lane, Charlottesville, VA. 22902, just off of Interstate 64, and approximately 2 miles from the center of Charlottesville, Virginia.

The facility is licensed by the Virginia Department of Juvenile Justice (DJJ) and operates under the standards of the Virginia Board of Juvenile Justice (BJJ).

As previously stated, there were 16 residents (14 males and 2 females) in the facility when the audit began March 29<sup>th</sup>. One resident was released later that same day.

Residents are provided information regarding PREA at the time of intake and a more thorough PREA orientation by the nurse within 5 days of admission.

The facility has four housing units, Alpha, Bravo, Charlie, and Delta. Each housing unit has 10- single occupancy sleeping rooms. There are two holding rooms in the Intake area and an observation room near the Control Room. All rooms have a toilet and sink. The Sally Port, Intake area, and the holding rooms have one camera each. The observation room has two cameras. Each housing unit has 4 cameras. The facility has a block on the camera in the toilet area to ensure resident privacy in the observation room and holding rooms, if there is cross-gender viewing. Shower areas provide for the privacy of the residents.

The facility has a large gym and a large dining hall. The gym and the dining hall have two cameras each. There is also an out-door recreation area. There are two cameras monitoring the out-door recreation area. While the facility has a kitchen, the food is actually prepared at the Albemarle – Charlottesville Regional Jail.

As previously mentioned, the facility has a total of 68 cameras. Sightlines throughout the facility are good to very good and staff coverage ensures appropriate levels of direct supervision. The auditors reviewed recordings from previous weeks and found the recordings to be of very high quality. The retention period for the cameras is four (4) to six (6) weeks.

The facility has three classrooms. There are two cameras that monitor what is happening in each classroom.

General contact visitation takes place in the dining hall. The facility also has a room for non-contact visitation.

The auditors observed some posters that informed residents how to report any allegation of sexual abuse or sexual harassment but the auditors commented the posters needed to be more widely displayed. The auditors also reported to the administration that the posters needed to be bi-lingual at the PREA phones on the units. The auditors also recommended that the signs near the phones be more specific about how residents can receive "emotional support" by calling SARA. The issue was corrected during the report writing period. Each housing unit has two phones the residents can use to report a sexual abuse or a sexual harassment allegation. Signs inform residents how to report by using the phone.

For classification purposes, the Alpha Unit is for males who are committed to DJJ and have been transferred to BRJD as part of the DJJ Community Placement Program. Bravo Unit is for female residents. There were two female residents on the first day of the audit. Charlie Unit is the Post-Disposition Program unit and houses male residents. The Delta unit is for pre-adjudicated male residents. Male resident advisors work on Bravo (the female housing) unit and female resident advisors can be assigned to the males units (Alpha, Charlie, and Delta). However, during shower time male and female resident advisors are switched out so there is only same gender supervision on the units. When showers are over, the staff are returned to their assigned post.

The DJJ Standards require a staffing ratio of 1:10 during waking hours and 1:16 during normal sleeping hours. BRJD exceeds this requirement with a staffing ration of 1:8 during waking hours.

The education program's Mission Statement states: "A highly effective group of educators will provide safe, innovative, and individualized instruction to a unique group of students to encourage, support, inspire, and prepare them as confident, successful, global citizens."

The BRJD Web site describes the academic program as follows:

"The academic program at Blue Ridge Juvenile Detention is associated with three entities: the Virginia Department of Education (VA-DOE), Charlottesville City Schools (CCS) and Blue Ridge Juvenile Detention (BRJD). The program resides on the grounds of BRJD and is subject to those policies therein. All personnel are hired through CCS, who serves as the fiscal agent, and are also subject to their policies. VA-DOE serves as the funding source and provides program governance. The BRJD academic program is a State Operated Program run directly by the Virginia Department of Education.

When a student enrolls in the academic program at BRJD, the child's home school is notified. The home school forwards portions of the child's cumulative school record so that appropriate educational services can be provided during the period of detainment. When a student is released from the BRJD facility, a transfer summary reflecting grades and Virginia Standards of Learning addressed is forwarded to the student's home school. These grades are factored into the student's academic performance on his or her regular transcript.

Six teachers are employed by Charlottesville City Schools to work at the BRJD Academic Program. In addition, a Title I Literacy Coach is employed. All teachers hold an active professional license to teach in Virginia. Most have Master's Degrees and are endorsed in more than one area.

Community involvement is welcome in the BRJD Academic Program. Guest speakers from the University of Virginia, Piedmont Community College, Virginia Department of Labor, and local business leaders have visited our classrooms. Individuals and groups have made donations for our library. The academic program, in conjunction with the facility, has used grant money furnished by the VA Department of Education and matched by the BRJD Commission to construct a greenhouse for instructional use with the post-dispositional residents."

The auditors were informed that the BRJD Garden Program was established in 2008. The program currently has two small greenhouses, nine raised beds, and a composting station. All of the plants are heirlooms and the facility engages in organic and sustainable practices. Since 2012, the facility has saved seeds from its heirlooms for future use. Produce harvested from the program is donated to community members and families of BRJD residents. Plants from the garden have also been donated to "jump start" other community gardens.

BRJD states on its Web site, "Residents who participate in the Garden Program benefit from social-emotional learning experiences. The residents work as a team and develop democratic

problem-solving strategies, which are critical life skills for the demands of 21<sup>st</sup> century living and working. Coupled with the academic program, residents receive a holistic experience that supports social, emotional, academic, and physical growth. This approach transcends other approaches that rely solely on rote memorization skills in that it provides an opportunity for residents to achieve self-actualization. In turn, they lead others in their larger community to achieve the same."

Residents do much of the work in the garden, alongside and under staff supervision. A \$40,000 grant was received in November of 2015 which allowed the garden area to expand to include a seating area and fountain for small groups of residents to participate in meetings and discussions.

Such a space contributes to the sexual safety of residents by creating environment that lessens the stress of incarceration.

The Web site also describes the other services available to residents in the facility.

Part of BRJD's daily program is physical education and training. Each day residents participate in a number of physical activities designed to develop physical health, endurance and positive mental well-being. This part of the program is conducted in a structured manner supervised by trained staff.

BRJD utilizes community agencies, such as Planned Parenthood and the Sexual Assault Resource Agency to provide information and education for residents. BRJD also utilizes volunteers for programs such as Alcoholics Anonymous and religious services. BRJD volunteers provide weekly nondenominational religious services for residents. Residents attend on a voluntary basis.

BRJD's licensed Clinical Supervisor provides on-site supervision to a full-time Region Ten Community Services Board (CSB) Mental Health Case Manager/Clinician. The Region Ten CSB Mental Health Case Manager/Clinician position is dedicated to and located at BRJD. A psychiatrist visits the facility weekly to provide medication management and provide mental health consultation where mental health concerns have been identified.

There is one nurse on duty in the facility from Monday through Friday from 7:00 a.m. to 3:30 p.m. The nurse is also available "on-call." A part-time physician also visits the facility on a regular basis to monitor and address the medical needs of residents.

BRJD's Post-Disposition Program (Post-D) is a dispositional alternative for certain juvenile offenders who may benefit from local short-term treatment while in a controlled setting. The Post-D 180 Program, started in July 2004, is 180 days in length and is for juveniles who are eligible for commitment to DJJ. The Post-D 90 Program, started in January of 2012, is 90 days in length and is for juveniles who are not eligible for commitment to DJJ. (To be eligible for commitment to DJJ, a juvenile must be eleven years of age or older an adjudicated delinquent or convicted of a felony offense, a Class 1 misdemeanor and a prior felony, or four Class 1 misdemeanors.) The court may commit the juvenile for a determinate or an indeterminate period of time. Both programs serve juveniles who likely have not experienced success in community-based services or other types of community-based residential settings.

According to the materials provided to the auditors, "BRJD's Post-D programs target youth that appear to be amenable to treatment and to improving their behavior and lifestyles. They may earn privileges to work, participate in community service and volunteer assignments, and leave the facility for educational activities and home visits. These services and privileges are intended to increase family and community involvement, thus increasing the youth's chances for a successful transition back into his or her community.

Residents participate in the development of their individualized service plan which addresses and strives to strengthen the areas of family, education, mental health, community, and emotional and physical well-being. The Post-D Program is designed to encourage and support residents in their interpersonal/intrapersonal development, as well as increase a resident's competence in life skills, victim empathy, problem solving, and conflict resolution. This is accomplished through creating experiential opportunities for residents to increase their sense of efficacy in these areas. Programming includes but is not limited to character education, substance abuse education and/or counseling, education regarding reproductive health and personal safety, and individual and/or family counseling. Services available may include those within the community and/or those within the facility.

Post-D residents participate in BRJD's academic program which is designed to increase their level of knowledge and academic success. Career options and vocational abilities are explored. The program works closely with treatment/programs staff as collaborative intervention efforts facilitate a successful re-entry of the youth into their community.

Juveniles are assessed for eligibility and suitability for the Post-D Program by referral of the juvenile's probation officer or by order of the court."

The Community Placement Program is a partnership program between the DJJ and BRJD and is for males ages 16-20 who are 3-12 months from release from the DJJ. This program addresses many of the areas listed above with an emphasis on increasing educational competencies, increasing employment readiness, and reducing criminal behavior by helping residents improve their abilities in the areas of self-control, decision making and problem solving.

The third program BRJD provides is Pre-Adjudicatory Juvenile Detention. This can be described as the more "traditional" juvenile detention program where juveniles are held pending a hearing in the Juvenile and Domestic Relations District Court or in the local Circuit Court. As with the other programs, residents participate in the academic program and may participate in services that address substance abuse, mental health, and health care concerns and issues.

The auditors were very impressed with the very broad base of services and programs that are offered or provided to the residents. The staff are very knowledgeable and professional in the delivery of services to the residents of BRJD. BRJD has taken an approach that creates an environment that prevents sexual abuse and sexual harassment by focusing on the needs of residents and creating a climate that is safe and caring for all residents. This is an outstanding program.

#### **SUMMARY OF AUDIT FINDINGS:**

|                                     |    |
|-------------------------------------|----|
| Number of standards exceeded:       | 5  |
| Number of standards met:            | 34 |
| Number of standards not met:        | 0  |
| Number of standards not applicable: | 2  |

**Standard Prevention Planning**

**§ 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

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

BRJD's Zero Tolerance Policy states:

"Blue Ridge Juvenile Detention maintains zero tolerance for resident-on-resident sexual assault, staff sexual misconduct and staff sexual harassment toward residents. Every allegation of sexual assault, misconduct and harassment is thoroughly investigated. BRJD has designated the Assistant Superintendent as the Agency PREA Coordinator and PREA Compliance Manager.

The prohibited conduct identified below applies to all employees, volunteers and contract staff of BRJD. Sexual conduct between staff and residents is prohibited. Any allegations of sexual conduct between staff and residents will be subject to administrative disciplinary sanctions and referred to law enforcement for prosecution."

The facility's Web site also communicates the Zero Tolerance Policy. It states:

"ZERO-TOLERANCE FOR SEXUAL ABUSE OR SEXUAL HARASSMENT (§115.311 AND §115.322)

Blue Ridge Juvenile Detention is committed to ensuring a safe and humane environment for all residents. An important part of a safe and humane environment is freedom from sexual misconduct. Resident rights and safeguards are in place for protection from sexual misconduct.

"Sexual misconduct" is a term used to describe certain kinds of prohibited behavior. Sexual misconduct includes sexual harassment, over-familiarity and retaliation.

Blue Ridge Juvenile Detention cannot and will not tolerate any form of sexual misconduct. We recognize the worth of each resident and strive to treat residents with respect and dignity. State statute prohibits resident abuse, which includes sexual contact by a staff member and accordingly, Blue Ridge Juvenile Detention maintains a zero-tolerance policy with regard to sexual misconduct.

Due to the resident's custody or supervision status, no prohibited act of sexual misconduct can have as an affirmative defense, a claim of consent.

- Consensual sexual intercourse with a resident is by its nature an assault.
- Sexual misconduct includes any sexual behavior that is directed towards a resident.

To fully understand the scope of this crime, it is very important to note the definition of "Sexual Misconduct" which is: "any act or attempted act involving the genitals of one person and the hand, mouth, tongue, or anus of another person or a sexual act including the penetration, however slight, of the male or female sex organ or the anus by a finger, instrument, or object done for the purpose of arousing or gratifying the sexual desire of any person."

Blue Ridge Juvenile Detention will contact the Albemarle County Police Department whenever a resident has been an alleged victim of sexual abuse while in the care of BRJD. Allegations of sexual abuse that took place prior to a resident's detainment at Blue Ridge Juvenile Detention will be reported to the Albemarle County Department of Social Services. Ensuing investigations will be in accordance with

protocols established by the Albemarle County Police Department and/or the Albemarle County Department of Social Services and may include a referral for prosecution to the Commonwealth Attorney's Office. Blue Ridge Juvenile Detention will cooperate fully with such investigations. "

The BRJD document, "Sexual Misconduct and Harassment: A Guide for Staff, Contractors, and Volunteers" (Updated January 2016) further affirms the facility's Zero Tolerance Policy:

"Blue Ridge Juvenile Detention employees do not engage in this kind of conduct and do not support staff members who do. We recognize that staff misconduct and failure to follow professional standards tarnishes our reputation, credibility, and jeopardizes the safety and security of the Center. Blue Ridge Juvenile Detention maintains a zero tolerance policy with regard to resident sexual misconduct and inappropriate staff/resident relationships. It is important that everyone, staff and residents, do their part to reduce the harm that results from this kind of behavior. This information has been developed to help staff understand what inappropriate staff/resident behavior is, how to avoid it, and what to do if it occurs. For the purpose of this brochure, the word "staff" and "employees" includes all Blue Ridge Juvenile Detention employees, contracted personnel, contract employers, volunteers, official visitors, and other agency representatives. In addition, "residents" includes youth in residential care."

The facility's "Resident Guide to Addressing Sexual Misconduct, How to Identify and Address Sexual Misconduct" (Updated February 2016) also informs residents of the BRJD Zero Tolerance Policy. This document states:

"Blue Ridge Juvenile Detention cannot and will not tolerate any form of sexual misconduct. BRJD recognizes the worth of each resident and strives to treat residents humanely. State statute prohibits resident abuse, which includes sexual contact by a staff member and accordingly, BRJD maintains a zero tolerance policy with regard to sexual misconduct."

In the Intake area, there is a large sign that says:

"BLUE RIDGE JUVENILE DETENTION HAS A ZERO-TOLERANCE POLICY REGARDING SEXUAL ABUSE AND SEXUAL HARASSMENT.

You will learn more about our zero-tolerance policy during your physical assessment. Information about this subject is also included in your Resident Manual, which you will find in your assigned room. If you need help reading your manual, let staff know and they will help you.

Residents can report sexual abuse or sexual harassment to staff verbally, or in writing by using a request/complaint form, a grievance form, or an anonymous letter. Staff will provide you with the tools necessary to make a written report.

Residents may also use the silver phones in the pods to report sexual abuse or sexual harassment. The instructions on how to do this are posted where the phones are located."

This poster is read to the new resident during the intake process.

Each new resident is also given a brochure titled "IF ABUSE HAPPENS TO YOU...BREAK THE SILENCE." This brochure also states: "We Have Zero Tolerance for Sexual Abuse and Harassment."

BRJD also sends a PREA letter to the resident's parent(s) when he/she is admitted to the facility that explains what sexual abuse is, the facility's Zero-Tolerance policy, and how a parent can report an allegation of sexual misconduct, which includes sexual abuse and sexual harassment. Regarding the Zero-Tolerance Policy, the letter states:

“Blue Ridge Juvenile Detention cannot and will not tolerate any form of sexual misconduct. We recognize the worth of each resident and strive to treat residents with respect and dignity. State statute prohibits resident abuse, which includes sexual contact by a staff member and accordingly, Blue Ridge Juvenile Detention maintains a zero-tolerance policy with regard to sexual misconduct.”

The Assistant Superintendent serves as the facility’s PREA Coordinator. The Assistant Superintendent/PREA Coordinator position is identified on the BRJD Organizational Chart. The Designated Auditor interviewed the PREA Coordinator and Superintendent together because for a period of time they shared the PREA Coordinator responsibilities. The PREA Coordinator said he had enough time to do all of his PREA responsibilities and his Assistant Superintendent duties, as well. Since BRJD is a relatively small facility with a very good staff and no PREA allegations, the auditors felt the Assistant Superintendent was able to also serve as the PREA Coordinator.

This is the only facility under the authority of the Blue Ridge Juvenile Detention Commission so there is no need for a PREA Compliance Manager.

The auditors were impressed with how conscientious BRJD is about communicating its Zero Tolerance Policy to all residents and interested and involved parties. For this reason, the auditors find the facility exceeds the requirements of the standard.

**Standard**

**§ 115.312 Contracting with other entities for the confinement of residents.**

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

BRJD does not contract with other public or private entities for the confinement of its residents.

**Standard**

**§ 115.313 Supervision and monitoring**

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

BRJD Policy states:

“Blue Ridge Juvenile Detention shall comply with and ensure that the facility operates in accordance with the following staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.” The Staffing Plan is incorporated into the policy and is reviewed by the Superintendent, the Assistant Superintendent, and the Chief of Security annually and updates as necessary. The Staffing Plan addresses each of the requirements of the standard. The facility has not had any finding of inadequacy from any federal or state court or any federal or state agency. BRJD is certified and licensed by the Virginia Department of Juvenile Justice.

The Chief of Security conducts an annual Facility PREA Assessment which reviews the entire

physical plan, including all cameras and communication equipment, blind spots, all areas where residents may have access, supervision of the residents and training and staff development. The facility provided the auditors with the 2014, 2015, and 2016, Facility PREA Assessment reports.

BRJD policy also states:

"B. BRJD shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances (*incident reports and log books*).

C. BRJD shall maintain staff ratios, of which only security staff are included, of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented (*organizational plan, log books, and time sheets*).

D. BRJD's Superintendent, Assistant Superintendent (PREA Coordinator) and Chief of Security shall, at least once each year, assess, determine, and document whether adjustments are needed to:

1. The staffing plan established pursuant to paragraph (a) of this section;
2. Prevailing staffing patterns;
3. The deployment of video monitoring systems and other monitoring technologies; and
4. The resources BRJD has available to commit to in order to ensure adherence to the staffing plan.

The facility organizational plan, log books, and time sheets are used to monitor compliance with the plan and staffing ratio."

BRJD policy states:

"BRJD shall conduct and document unannounced rounds to identify and deter staff from sexual abuse and sexual harassment. These unannounced rounds shall be conducted by the Shift Supervisors, the Chief of Security, the Assistant Superintendent (PREA Coordinator) or the Superintendent, and shall be implemented for night shifts as well as day shifts. Staff alerting other staff members that these supervisory rounds are occurring is prohibited, unless such announcement is related to the legitimate operational functions of the facility."

Unannounced rounds are documented in red ink in the log books at each post, including the classrooms. Two supervisors (intermediate or higher level facility staff) were interviewed and confirmed that they conduct 12 unannounced rounds per 12-hour shift (one per hour). Auditors verified the documentation of the unannounced rounds in several log books throughout the facility.

## Standard

### § 115.315 Limits to cross-gender viewing and searches.

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

BRJD policy states:

"Limits to Cross Gender Viewing and Searches (§ 115.315)

A. BRJD shall not conduct cross-gender pat-downs or strip searches or cross-gender visual body cavity searches, except in exigent circumstances, (emergency evacuations and or under adverse situations) or when performed by medical practitioners. All cross-gender searches shall be

justified and documented by incident report and shall be conducted under video surveillance whenever possible. Training shall be conducted by the Chief of Security or PREA Coordinator in accordance with this requirement.

- B. BRJD enables all 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. Staff of the opposite gender are required to announce their presence when entering a resident housing unit.
- C. No transgender or intersex resident shall 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 a broader medical examination conducted privately by a medical practitioner."

The auditors observed staff making announcements when entering the housing units of the opposite gender. Staff and residents also confirmed, during random interviews, that staff announce themselves when entering housing units of the opposite gender.

Residents also reported that they are only searched by a staff member of the same gender and they are never naked in full view of any staff member of the opposite gender. As previously reported, if a staff member of the opposite gender is one of the resident advisors on the unit, at shower time, the staff member will switch with another resident advisor to achieve gender balance on the unit.

Every staff member interviewed, reported they had received training in how to conduct cross-gender pat-down searches and 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. The staff said they have seen The Moss Group video and the PowerPoint on conducting cross-gender searches. The staff members also demonstrated how they would conduct cross-gender searches.

**Standard**

**§ 115.316 Residents with disabilities and residents who are limited English proficient.**

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

BRJD policy states: "BRJD shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. This shall be done through the school system, court service unit or by contracts. Resident interpreters, resident readers, or other types of resident assistants shall not be used except in limited circumstances approved by the Superintendent."

Posters in the facility that urge residents to report any sexual abuse and sexual harassment are bi-lingual. The auditors recommended to the administration that the instructions on how to report sexual abuse and sexual harassment allegations by phone, which are posted next to the phones, should be bi-lingual. The issue was corrected during the report writing period.

The facility provides every new resident with a brochure titled, "IF ABUSE HAPPENS TO YOU...BREAK THE SILENCE." This is a very easy to read and informative document that explains

what physical abuse, sexual abuse, and sexual harassment are, who can help if a resident is abused and how to report an allegation of physical or sexual abuse or sexual harassment. This brochure is available in English and Spanish.

BRJD also provides residents with a list of Prohibited Actions (i.e. a list of actions the facility cannot take against a resident). This list is also bi-lingual.

For the convenience of parents and interested parties, the BRJD Web site can be easily converted into Arabic, French, and Spanish. This includes the section on PREA.

During the course of the audit, the auditor (who is bilingual) conducted an interview in Spanish of a resident who appeared to have limited English proficiency to determine if he was able to understand what was told to him about PREA. The resident said that he understood what was told to him about PREA, understood the questions that were asked him during the screening for risk of victimization and abusiveness, and what he was told during the PREA orientation. The resident said he can read and write in Spanish and English.

BRJD also has a contract with Language Link for interpretation services.

The Designated Auditor also interviewed a resident who had vision problems. He told the staff during intake that he had difficulty seeing. Staff provided assistance by reading the brochures and PREA materials to him and explaining PREA and how to report any allegation of sexual abuse. He stated that he knows he can go to staff when he has a question about PREA or to make a report.

#### **Standard**

#### **§ 115.317 Hiring and promotion decisions.**

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

The policy of BRJD states:

#### **"BACKGROUND CHECKS AND EMPLOYEE TRAINING**

BRJD conducts Child Protective Services and State and Federal Background checks on every employee prior to hire, every five years thereafter, and/or when promoted. BRJD also asks all applicants and employees directly about previous misconduct at the time of interviews and/or promotion. All employees are required to report illegal/criminal activity in accordance with *DOP 1101, Mandated Reporting of Child Abuse or Neglect*. All documentation pertaining to this standard is stored in the employee's personnel files."

BRJD will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in any correctional facility or facility as defined by the Civil Rights of Institutionalized Persons Act; 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 has been civilly or administratively adjudicated to have engaged in activity described in section (a) (2) of Standard 115.117. BRJD also considers all incidents of sexual harassment in determining whether a person should be hired or promoted or whether to enlist the services of a contractor who may have contact with the resident.

Employees are required to sign a statement that asks the three questions that are stated in Standard 115.317 (a), (1), (2), and (3). This statement is completed when a person is hired, promoted, and during annual performance evaluations. The auditors reviewed five personnel files

and found that the statement was present for newly hired employees and in the files of two employees who were promoted during the audit period. However, none of the files had statements that were completed as part of the annual performance evaluations process. In reviewing the documents associated with the doctor and psychiatrist and one of the teachers, it was noted that the statements were not completed for these individuals, either. These issues of non-compliance were corrected during the report writing period when each of the individuals noted completed and signed the statement.

When contacting 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 that involves a candidate for employment at BRJD, the facility uses a form to document that the contact was made and specifically asks about the two areas noted in Standard 115.317 (c) (3).

When the auditors reviewed the personnel files they confirmed that the background checks for the facility's employees were current and the facility has a procedure for keeping the background checks current. The background checks for some of the teachers had not been done in the last five years. (The school district only requires the initial background check). Following the audit, the BRJD Superintendent had all the background checks updated for all teachers who were not current. Contractor background checks were found to be current.

The Superintendent stated that BRJD would 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.

**Standard**

**§ 115.318 Upgrades to facilities and technologies.**

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

As previously stated, the facility has 68 cameras. The Superintendent reported that a camera was added to monitor the outdoor recreation area in response to an escape that occurred in 2012. The cameras and monitors provide high quality images that easily identify people in the picture. Camera locations are reviewed annually as part of the overall staffing plan. The Control Room monitors all the cameras and is staffed around the clock.

**Standard Responsive Planning**

**§ 115.321 Evidence protocol and forensic medical examinations.**

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

BRJD policy states:

"BRJD shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

BRJD shall contact the Albemarle County Police Department whenever a resident of the detention

center has been a victim of sexual abuse while in the care of the detention center. BRJD shall notify the Department of Juvenile Justice and Albemarle County Department of Social Services Child Protective Services within 24 hours.”

BRJD has a Memorandum of Understanding (MOU) with the Albemarle County Police Department that was signed on April 15, 2015. In the MOU, it is stated, “The Albemarle County Police Department agrees to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” The protocol will be adapted from 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.

BRJD also has a Memorandum of Understanding with the University of Virginia Medical Emergency Department (UVA), signed on February 9, 2016. In this MOU, UVA agrees to “Serve as the designated SANE/SAFE for Blue Ridge Juvenile Detention” and “Provide 24 hours per day, 7 days per week forensic nurse on call availability.” The MOU explains the tasks that UVA and BRJD will each be responsible for conducting in the event that a sexual abuse forensic exam is needed.

Victim advocates will be provided by the Sexual Assault Resource Agency (SARA) to the victim/resident under a Memorandum of Understanding (MOU) with SARA, signed on March 12, 2015. If requested by the resident, the advocate will accompany and support the resident through the forensic medical examination process and investigatory interviews. The advocate will also provide the resident with confidential emotional support services as it relates to the sexual abuse, crisis intervention, information and referrals.

As previously reported, there have been no allegations of sexual abuse at BRJD.

#### **Standard**

#### **§ 115.322 Policies to ensure referrals of allegations for investigations.**

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

BRJD PREA Policy Section X, “Response Following a Resident Report,” states in Sub-section F, “Referrals of Allegations for Investigations”:

“BRJD shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

BRJD shall contact the Albemarle County Police Department whenever a resident of the detention center has been a victim of sexual abuse while in the care of the detention center. BRJD shall notify the Department of Juvenile Justice and Albemarle County Department of Social Services Child Protective Services within 24 hours.”

BRJD has a Memorandum of Understanding (MOU) with the Albemarle County Police Department that was signed on April 15, 2015. In the MOU, it is stated, “The Albemarle County Police Department agrees to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” The protocol will be adapted from 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.

The BRJD Web site states:

“Blue Ridge Juvenile Detention will contact the Albemarle County Police Department whenever a

resident has been an alleged victim of sexual abuse while in the care of BRJD. Allegations of sexual abuse that took place prior to a resident's detainment at Blue Ridge Juvenile Detention will be reported to the Albemarle County Department of Social Services. Ensuing investigations will be in accordance with protocols established by the Albemarle County Police Department and/or the Albemarle County Department of Social Services and may include a referral for prosecution to the Commonwealth Attorney's Office. Blue Ridge Juvenile Detention will cooperate fully with such investigations."

**Standard – TRAINING AND EDUCATION**  
**§ 115.331 Employee training.**

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

BRJD policy regarding Employee Training states:

"All employees shall receive instruction related to the prevention, detection, response, reporting and investigation of sexual assault as part of their orientation, initial training and annual training. BRJD shall comply with the training requirements outlined below. The PREA Coordinator will ensure that training materials comply with the following and are available for review:

- A. BRJD shall train all employees who may have contact with residents on:
  1. The facility's zero-tolerance policy for sexual abuse and sexual harassment;
  2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
  3. Residents' right to be free from sexual abuse and sexual harassment;
  4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
  5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
  6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
  7. 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;
  8. How to avoid inappropriate relationships with residents;
  9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and

10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
11. Relevant laws regarding the applicable age of consent.”

During the random interviews, staff were asked specific questions about the training they received and all confirmed that they were given comprehensive training that covered the 11 areas identified in the standard. The auditors were impressed with the training content which includes a video, staff/resident communication scenarios, Red Flag training, an exercise on “Myths and Misconceptions” that uses discussion cards, and a match-the-word exercise using LGBTI terminology. The staff said the training is approximately three-hours in length. BRJD also gives each employee the document, “Sexual Misconduct and Harassment A Guide for Staff, Contractors, and Volunteers.” The guide includes sections that describe what constitutes sexual misconduct and sexual harassment, over familiarity with residents, and retaliation and reporting allegations of sexual misconduct and harassment and state statute and policy. At the end of the document is a questionnaire with ten questions an employee should ask himself/herself about his/her relationships with residents. There are also signs posted throughout the facility titled, “A Guide for Employees to Report Child Abuse” that reminds staff they are mandatory reporters and describes how to report suspected child abuse or neglect.

Five training files were reviewed by the auditors and found to document that the training was received. However, the acknowledgement did not state the employee received “and understood” the training. Given the very knowledgeable responses the auditors received from the staff about their training and the excellent “Guide for Staff, Contractors, and Volunteers,” that is given to each staff member, the auditors felt not including the phrase “and understood” in the training acknowledgement was an oversight. The language on the acknowledgement form was amended, during the report writing period, to include the statement that the employee also “understood” the training he/she received.

**Standard**

**§ 115.332 Volunteer and contractor training.**

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

Section VI of the BRJD PREA Policy states:

“All volunteers, interns and contractors who have contact with residents receive instruction related to their responsibilities in BRJD’s sexual abuse and sexual harassment prevention, detection, and response procedures. This instruction is based on the services provided by each volunteer, intern or contractor, but at minimum includes notification of BRJD’s zero-tolerance policy regarding sexual abuse and sexual harassment as well as how to report such incidents. The PREA Coordinator is responsible for maintaining documentation confirming the volunteer, intern, or contractor understands the instruction they have received.”

The auditors interviewed an Intern who was assigned to the Court Service Unit (i.e., probation department). She stated she was aware of the Zero Tolerance Policy and how to report an allegation of sexual abuse. There was some question regarding how much PREA training an intern should receive if he/she is assigned to the Court Service Unit. The auditors felt that, at a minimum, interns should receive the training required of any volunteer who will have direct, unsupervised, contact with residents and that this training should be documented. During report writing period,

the Designated Auditor was told the training and documentation for interns has been clarified and enhanced.

BRJD also gives each volunteer and contractor the document, "Sexual Misconduct and Harassment A Guide for Staff, Contractors, and Volunteers." The guide includes sections that describe what constitutes sexual misconduct and sexual harassment, over familiarity with residents, and retaliation and reporting allegations of sexual misconduct and harassment and state statute and policy. At the end of the document is a questionnaire with ten questions an employee should ask himself/herself about his/her relationships with residents.

The auditors also interviewed one volunteer and three contractors who each confirmed they had received the PREA training for volunteers and contractors. The volunteer described the content of the training and one contractor told the auditors that he participated in the online training.

There are also signs posted throughout the facility titled "A Guide for Employees to Report Child Abuse" that reminds staff, contractors, and volunteers they are mandatory reporters and describes how to report suspected child abuse or neglect.

## Standard

### § 115.333 Resident education.

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

Section VII of the BRJD PREA Policy states:

"At the point of intake, all residents receive information explaining, in an age appropriate fashion, BRJD's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This policy section also applies to residents who are transferred to BRJD from another secure facility. This information is shared by having the resident read BRJD's list of Prohibited Actions (6VAC35-101-650) and giving the resident a brochure for them to take to his or her room.

During the nursing physical assessment, which takes place within five (5) days of intake, the resident watches the *PREA Juvenile Orientation Video* (a Spanish version is also available). This is documented in the resident's medical file.

The following items are addressed in the resident's orientation/education:

- Prevention;
- Self-protection;
- Reporting sexual assaults, protection from retaliation, including methods to report the incident to a designated staff member other than an immediate security staff;
- Treatment and counseling;
- BRJD's zero tolerance for sexual assault; and
- Access to tools necessary to make a written report.

BRJD shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. This shall be done through the school system,

court service unit or by contracts. Resident interpreters, resident readers, or other types of resident assistants shall not be used except in limited circumstances approved by the Superintendent.”

BRJD purchased the PREA Juvenile Orientation Video and accompanying materials from Phoenix Associates, Inc. in Fort Wayne, Indiana. The video is less than 12 minutes in length.

In the Intake area, the facility has a poster which the staff member conducting the intake reads to the resident. The poster states:

“BLUE RIDGE JUVENILE DETENTION  
HAS A ZERO-TOLERANCE POLICY REGARDING SEXUAL ABUSE AND SEXUAL  
HARASSMENT

You will learn more about our zero-tolerance policy during your physical assessment. Information about this subject is also included in your Resident Manual, which you will find in your assigned room. If you need help reading your manual, let staff know and they will help you.

Residents can report sexual abuse or sexual harassment to staff verbally, or in writing by using a request/complaint form, a grievance form, or an anonymous letter. Staff will provide you with the tools necessary to make a written report.

Residents may also use the silver phones in the pods to report sexual abuse or sexual harassment. The instructions on how to do this are posted where the phones are located. If you need help with reading the instructions, let staff know and they will help you.”

Each resident is given the brochure *Break the Silence A Teen’s Guide to Reporting Physical and Sexual Abuse. Neglect and Sexual Harassment in Juvenile Detention* and a list of *Prohibited Actions* at intake. When the resident receives the more extensive PREA education during his/her health care screening, the resident is also given a copy of the Blue Ridge Juvenile Detention *Resident Guide to Addressing Sexual Misconduct, How to Identify and Address Sexual Misconduct*.

When the resident education is completed, the resident acknowledges, in writing, that he/she has been informed of the Zero Tolerance Policy, his/her rights to be free from sexual abuse and sexual harassment and any retaliation for reporting such incidents and the facility’s procedures for responding to such incidents.

Residents told the auditors during random interviews that they had received the PREA information at intake and saw the video during the orientation provided by the nurse. One resident who has some difficulty with English and one resident who has vision problems both told the auditors the staff provided assistance in explaining PREA and how to report any allegation of sexual abuse or sexual harassment.

The auditors were impressed by the scope of the resident education and orientation provided at this facility and found it exceeded the requirements of the standard.

**Standard**

**§ 115.334 Specialized training: Investigations.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

The Assistant Superintendent and the Chief of Security serve as the internal investigators for BRJD. Documentation was provided that confirmed they completed the National Institute of Corrections (NIC) online course, "PREA: Investigation Sexual Abuse in a Confinement Setting" course. The investigators also completed the PREA training required of all staff.

During the interview, the investigator described how he and the other investigator would conduct an investigation and how they would notify the police department as soon as there was an indication that the allegation concerned a criminal act. Administrative investigations are conducted by the two BRJD investigators.

**Standard**

**§ 115.335 Specialized training: Medical and mental health care.**

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

During the interviews with the facility's physician and the psychiatrist, it was learned that they received the basic PREA training for contractors, but they had not received the specialized training for medical and mental health care. During the report writing period, the physician and the psychiatrist provided the Designated Auditor with the documentation that they had completed the required training.

The nurse told the auditor that she attended the specialized training off-site in Charlottesville and that she has also had the basic PREA training. The Mental Health Therapist stated that he had recently completed the specialized training and had the basic PREA training earlier.

**Standard Screening for Risk of Sexual Victimization and Abusiveness**

**§ 115.341 Obtaining information from residents.**

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

Section VIII of the BRJD PREA policy, titled "Screening and Assessment" states:

- "1. All residents are screened for their level of vulnerability at the point of intake via the Mental Health Interview Protocol and within 72 hours of intake via the Resident Screening for Risk of Sexual Victimization or Abusiveness. Vulnerability status will be reviewed once per week during BRJD's Programs Meeting, which is attended by the Assistant Superintendent/PREA Coordinator, Clinical Supervisor, Programs Coordinator, Facility Nurse, Mental Health Case Manager, Principal, and a representative from BRJD's security staff, the local Court Services Unit, Region Ten Community Services Board, and the Charlottesville Department of Social Services. The Mental Health Interview Protocol and the Resident Screening for Risk of Sexual Victimization or Abusiveness are designed to ascertain information about:
  - Prior sexual victimization or abusiveness;

- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, intersex, and whether the resident therefore may be vulnerable to sexual abuse;
  - Current charges and offense history;
  - Age;
  - Level of emotional and cognitive development;
  - Physical size and stature;
  - Mental illness or mental disabilities;
  - Physical disabilities;
  - The Resident's own perception of vulnerability; and
  - Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
2. If a resident discloses prior sexual victimization, whether it occurred in an institutional setting or in the community, BRJD will ensure that the resident is offered a follow-up reception with a medical or mental health practitioner within 14 days of the intake screening.
  3. Unless such intake or classification screening precedes adjudication, the facility shall also ask residents about prior sexual abusiveness.
  4. If a resident discloses prior sexual abusiveness, whether it occurred in an institutional setting or in the community, BRJD will ensure that the resident is offered a follow-up reception with a mental health practitioner within 14 days of the intake screening.
  5. Subject to mandatory reporting laws, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as required by BRJD and Federal, State, or local law, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.
  6. Medical and mental health practitioners shall 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."

The Clinical/Case Manager stated that he completes the Resident Screening for Risk of Sexual Victimization or Abusiveness within 72 hours of intake (normally within 24 hours). Arrangements are made for the resident advisor to complete the screening on weekends if the time period could exceed 72 hours. In this case, the Clinical/Case Manager reviews the assessment on the next available work day. Assessments are also reviewed by the Clinical Supervisor. The Clinical/Case Manager demonstrated to the auditor how he would go about doing a screening.

The vulnerability status of every resident is reviewed weekly at the facility's Program meeting. Any new information, incidents or, threats of sexual abuse or sexual harassment would trigger a reassessment.

The auditors reviewed six residents' files. In one case, a resident who had been to the facility during previous several months refused to answer any questions on the assessment stating she had answered the questions in the past. The other five residents' files included clear documentation of the initial Screening/Assessment and documented the weekly reviews. It should be noted that this

facility enjoys positive working relationships with the court service units in the facility's jurisdictions and there is a professional sharing of information that facilitates sexual safety in the facility.

As previously stated in the facility's policy, there are strict controls on the dissemination of the assessment to ensure that sensitive information is not exploited to a resident's detriment by staff or other residents.

**Standard**

**§ 115.342 Placement of residents in housing, bed, program, education, and work assignments.**

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

In Section IX of the BRJD PREA policy, titled "Housing Assignments," the paragraph that addresses classification states:

"Single occupancy cells are assigned to all residents and pod assignments are in accordance with *DOP 117, Classification Plan*, and take into account the information gathered during intake and subsequent assessments. Any housing concerns noted during the administration of the Mental Health Interview Protocol and/or the Resident Screening for Risk of Sexual Victimization or Abusiveness is communicated to the facility administrators and recorded in the resident's file."

With regard to isolation, the policy states:

"Residents may be 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. If isolation is utilized, it shall be in accordance with Department of Juvenile Justice regulatory standards and *DOP 236, Room Confinement, Seclusion and Segregation*. Residents in isolation as a result of an incident involving sexual abuse shall receive daily visits from a medical or mental health care clinician, and will have access to legally required educational programming, special education services, and daily large-muscle exercise. If isolation must be utilized BRJD will clearly document (i) the basis for BRJD's concern for the resident's safety, (ii) the reason why no alternative means of separation can be arranged and (iii) a review every 30 days to determine whether there is a continuing need for separation from the general population."

Regarding lesbian, gay, bisexual, transgender, and intersex residents, Policy IX also states:

"Lesbian, gay, bisexual, transgender and intersex residents may NOT be placed in a particular housing unit solely on the basis of such identification or status. Additionally, BRJD shall NOT consider such identification or status as an indicator that such residents will likely be sexually abusive toward others.

When deciding whether to assign a transgender or intersex resident to a living unit for male or female residents, BRJD will consider on a case-by-case basis whether the placement would ensure the Resident's health and safety, and whether the placement would present management or security problems. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Living unit and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. As with all BRJD residents, transgender and intersex residents will shower separately from each

other.”

There were no residents in the facility, at the time of the audit, who were identified as lesbian, gay, bisexual, transgender, or intersex. There were no residents in isolation during the audit.

During the site review, it was noted that all rooms are single occupancy and that all showers are private.

The Clinical/Case Manager reported that information learned from the Mental Health Interview Protocol and the Resident Screening for Risk of Sexual Victimization or Abusiveness are used in making housing unit, program, education and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

A review of residents’ files confirmed that the assessments are used in making the above assignments.

## **Standard Reporting**

### **§ 115.351 Resident reporting.**

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

BRJD PREA Policy X. B., “Resident Reporting” states:

“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 are not condoned by BRJD.

BRJD provides residents the ability to report sexual abuse or harassment to a public entity that is not part of BRJD 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 (Albemarle County Department of Social Services). Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

BRJD staff shall:

- Accept reports made verbally, in writing, anonymously, and from third parties;
  - Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents;
  - If a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, BRJD will document the Resident’s decision to decline;
  - Parents or legal guardians of residents are permitted to file a grievance alleging sexual abuse, including appeals, on behalf of such residents, regardless of whether or not the resident agrees to having the grievance filed on their behalf.
- Promptly document any verbal reports;

- Provide residents with access to tools necessary to make a written report; and
- Provide a method for staff to privately report sexual abuse and sexual harassment of residents by using the Emergency Hot Line Numbers on the staff bulletin boards (break room and lockers).

Residents may submit a grievance regarding an allegation of sexual abuse without having to submit it to the staff member who is the subject of the complaint. Furthermore, a resident who is grieving alleged sexual abuse shall not be referred to the staff member who is the subject of the complaint. Finally, a decision on the merits of any grievance or portion of a grievance alleging sexual abuse must be made within 90 days of the filing of the grievance."

Each resident is given the brochure *Break the Silence A Teen's Guide to Reporting Physical and Sexual Abuse Neglect and Sexual Harassment in Juvenile Detention* that informs residents about who can help them and how to report an allegation of sexual abuse or sexual harassment. When the resident receives the more extensive PREA education during his/her health care screening, he/she is informed how to report an allegation of sexual abuse or sexual harassment. The resident is also given a copy of the Blue Ridge Juvenile Detention *Resident Guide to Addressing Sexual Misconduct, How to Identify and Address Sexual Misconduct* which gives a resident six options for reporting an allegation of sexual abuse or sexual harassment.

Notices are also posted adjacent to the phones on the living units that inform residents that they can report an allegation of sexual abuse or sexual harassment by calling administrative staff and leaving a confidential voice mail message, or by calling an Albemarle County Department of Social Services, Protective Services social worker, or by calling the National Sexual Assault Hotline.

The auditors observed signs in the facility that encouraged residents to report any allegation of sexual abuse or sexual harassment. The auditors suggested that the facility place additional signs in the classrooms, interview rooms, and in the facility's lobby. This was accomplished during the audit.

Every resident interviewed could name at least two ways of reporting an allegation of sexual abuse or sexual harassment. The residents were aware that the phones could be used to report sexual abuse and sexual harassment, as well as telling staff, and by filing a grievance. Several residents said they could also tell their parent, the probation officer, or a police officer.

When a youth is admitted to BRJD, his/her parents are sent a letter informing them of the facility's Zero Tolerance Policy regarding any sexual misconduct and how to report an allegation of sexual misconduct. Parents are also told that any sexual misconduct on the part of the BRJD staff will be investigated and prosecuted.

As per the facility policy, employees are also informed how they can privately report any allegation of sexual abuse or sexual harassment. Signs are posted in the control room, the staff breakroom, and in other locations accessible to the staff, that are titled, "A Guide for Employees to Report Child Abuse." BRJD Policy titled, "Mandated Reporting of Child Abuse and Neglect (DOP 1101) provides a systematic procedure that staff must follow when there is a suspicion and/or disclosure of abuse or neglect of a resident of the BRJD facility. All the staff members who were selected for random interviews were aware that they could privately report sexual abuse and sexual harassment of residents.

The auditors were very impressed with the BRJD policy and procedures regarding resident and staff reporting and the PREA letter that is sent to parents. The auditors found that the BRJD exceeds the requirements of the standard.

**Standard****§ 115.352 Exhaustion of administrative remedies**

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

As previously stated, Policy X.B. states: "Residents may submit a grievance regarding an allegation of sexual abuse without having to submit it to the staff member who is the subject of the complaint. Furthermore, a resident who is grieving alleged sexual abuse shall not be referred to the staff member who is the subject of the complaint. Finally, a decision on the merits of any grievance or portion of a grievance alleging sexual abuse must be made within 90 days of the filing of the grievance."

BRJD has a separate procedure that addresses grievances. DOP 105, Resident Grievance Procedure meets all the requirements of this standard. If a grievance is filed that alleges sexual abuse or sexual harassment, however, the procedures states, "Should a resident file a grievance over alleged child abuse, the Superintendent or designee shall refer the matter, pursuant to Department policy and procedure, to the Department of Social Services for investigation. The DSS investigation takes precedence over the BRJD grievance procedure."

The auditors were told that if a resident filed a grievance that alleged sexual abuse or sexual harassment, the PREA procedures would go into place immediately and the matter would be removed from the grievance procedure track.

The auditors were told that no grievance has been filed that alleged sexual abuse or sexual harassment.

**Standard****§ 115.353 Resident access to outside support services and legal representation.**

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

BRJD PREA Policy XII, Resident Access to Outside Support and Legal Services states:

- "A. BRJD shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in a confidential a manner as possible. These telephone calls are not recorded.
- B. Prior to giving residents access, they will be informed 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.

- C. BRJD maintains a Memoranda of Understanding with a community service provider that is able to provide residents with confidential emotional support services related to sexual abuse.
- D. BRJD allows residents reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Attorneys can telephone or visit the facility at any time; Legal telephone calls are free, can be placed according to the protocol outlined in the Resident Manual, and are not recorded. Family visitation takes place on Sundays from 8:30 until 10:30 a.m. and 1:00 until 3:00 p.m. Special visits are arranged as needed based on family concerns/ emergencies, exceptional behavior or request from the court."

BRJD has a Memorandum of Understanding (MOU) with the Sexual Assault Resource Agency (SARA). In the MOU, it states that "SARA agrees to provide the resident (male or female) with confidential emotional support services as it relates to the sexual abuse." Under the MOU, SARA will also accompany and support the victim through the forensic medical examination process and investigative interviews. SARA will also provide crisis intervention, information and referrals. The Designated Auditor had a telephone interview with the director of SARA who confirmed that BRJD and SARA enjoy a good working relationship.

The BRJD brochure, *Break the Silence A Teen's Guide to Reporting Physical and Sexual Abuse Neglect and Sexual Harassment in Juvenile Detention* and the *Resident Guide to Addressing Sexual Misconduct How to Identify and Address Sexual Misconduct*, provide the address and phone number for SARA. There are also posters that identify SARA as a place they can call if they have been sexually abuse or harassed. Residents are informed that they can call SARA to report an allegation. The auditors noted, however, that the publications and posters did not say that SARA was a resource that could provide emotional support, if needed. The auditors recommended that the posters near the phones also state that SARA can provide emotional support, if needed. The auditors did say that the phrase should also be added to the publications in their next printing. During the report writing period, the posters were updated to state that SARA also provides emotional support. In spite of the fact that BRJD has provided the contact information for SARA in its publications and on its posters some of the residents did not know of the agency by name, but said they know there are agencies in the community that can help a person if he/she is a victim of sexual abuse. Some mentioned the police and others mentioned the Department of Social Services.

All the residents said that had good access to their attorneys and could call them on the phone whenever they wanted. Residents also spoke highly of the visiting procedures at BRJD.

**Standard**

**§ 115.354 Third-party reporting.**

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

As previously mentioned, BRJD sends a letter to the parents of any youth detained in the facility that explains the facility's Zero Tolerance Policy and encourages parents to report any allegation of sexual abuse or sexual harassment

BRJD also has an excellent Web site where PREA is easily identified in the menu bar. In the PREA section of the Web site, it states:

"THIRD PARTY REPORTING (§115.354)

A complaint may be filed by a third party such as staff members, family members, attorneys, fellow residents or any other interested party. These third party reports of sexual abuse maybe reported in person, in writing, on-line (Report Abuse button above) or by telephone. The resident does not need to agree to have the complaint filed.

If you suspect any alleged abuse of a resident, including sexual contact, you may report it directly to the following individuals/agencies:

Cathy Roessler, Superintendent or  
Jay Boland, Assistant Superintendent / PREA Coordinator / PREA Internal Investigator or  
Art Daniels, Chief of Security  
Blue Ridge Juvenile Detention  
195 Peregory Lane  
Charlottesville, VA 22902  
(434) 951-9340

Albemarle County Department of Social Services  
Child Protective Services  
1600 5<sup>th</sup> St., Suite A  
Charlottesville, VA 22903  
(434) 972-4010"

Signs are also posted in the facility that inform visitors how they can report allegations of sexual abuse and sexual harassment.

A resident is also informed, during orientation, that he/she can report sexual abuse or sexual harassment to his/her parents, family members, trusted staff, probation officers, or attorney and ask the person to call the Hotline.

The auditors were impressed with the PREA letter that is sent to parents describing the Zero Tolerance Policy and how to report any allegation of sexual abuse or sexual harassment. The auditors were also captivated by how easy it was to navigate the BRJD Web site and to identify PREA in the menu bar. The auditors felt anyone wishing to make a third-party report would have no difficulty using the Website to learn how to make such a report.

For this reason, the auditors felt the facility exceeds the standard.

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| <b>Standard Official Response Following a Resident Report</b><br><b>§ 115.361 Staff and agency reporting duties.</b> |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

As previously stated, BRJD PREA policy, Section F states:

"BRJD shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

BRJD shall contact the Albemarle County Police Department whenever a resident of the detention center has been a victim of sexual abuse while in the care of the detention center. BRJD shall notify the Department of Juvenile Justice and Albemarle County Department of Social Services Child Protective Services within 24 hours."

The PREA policy also states under Protection Duties and Responsibilities:

"A. Employees

All employees shall be responsible for:

1. Adhering to these procedures by ensuring that their conduct does not constitute or promote sexual assault nor in any other way violate the provisions of these procedures;
2. Immediately reporting any known or suspected act or allegation of sexual assault or retaliation to the facility administrators; and
3. Providing complete cooperation and full disclosure during any inquiry or investigation into an alleged act of sexual assault or retaliation.

B. Administrators, Program Managers, Clinicians, Case Managers, Medical Staff, Supervisors and Direct Care Staff

Staff, as indicated above, shall be responsible for:

1. Treating all reported incidents of prohibited conduct seriously and ensure that known, suspected acts or allegations of sexual assault are reported immediately to BRJD administration, who will then, if indicated, report to Albemarle County Department of Social Services Child Protective Services Unit, Albemarle County Police or Sheriff's Department and/or the Virginia Department of Juvenile Justice (DJJ) Certification Unit. All incidents will also be reported to the parent/guardian (unless BRJD possesses documentation showing the parents or legal guardians should not be notified), child welfare caseworker and/or court of jurisdiction. Staff are prohibited from revealing any information related to a sexual abuse report other than to those who need to know;
2. Ensuring that all substantiated allegations of prohibited conduct and all allegations that are substantiated as false are referred appropriately for disciplinary action;
3. Ensuring that all victims who report sexual assaults are appropriately referred for medical and mental health evaluation/assessment and for crisis intervention counseling and follow-up;
4. Ensuring that resident intake orientation includes information about sexual assault and retaliation, that residents understand the process by which such incidents are to be reported and investigated, and that residents are informed of the sanctions for making false allegations.
  - a. Communication to residents at intake includes verbal and written language that is clearly understood by the resident.
  - b. This information includes the prevention/intervention, self-protection, reporting of sexual assaults, treatment and counseling pertaining to all aspects of sexual assault
5. Ensuring that adequate measures are taken to provide separation between the alleged victim and alleged suspect, while ensuring that such separation does not represent a form of punishment for the alleged victim;

6. Ensuring any residents or staff members found guilty of committing sexual assault are disciplined in accordance with agency procedures, up to and including referral for criminal prosecution; and
7. Ensuring that apart from reporting to designated supervisors or officials and designated State or local services agencies, staff do not reveal any information related to a sexual abuse report other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

All employees are required to report illegal/criminal activity in accordance with DOP 1101, *Mandated Reporting of Child Abuse or Neglect*.

All the random staff interviewed by the auditors confirmed the mandatory reporting procedures and protocols for the facility. Staff described, in great detail, what they are required to do if a resident reported an allegation of sexual abuse, sexual harassment, retaliation against a resident or staff member who reported an incident, and any staff neglect or violation of responsibilities that may have contributed to a sexual abuse, sexual harassment, or any allegation of retaliation for reporting sexual misconduct. The staff also said they have received training on the reporting and responding procedures and that the information.

Medical and mental health practitioners confirmed that they do inform residents that they are mandatory reporters and must report any allegation or suspicion of child abuse, including sexual abuse and sexual harassment, and any suspicion of neglect.

The facility’s PREA investigator stated he would be notified immediately of any allegation of sexual abuse or sexual harassment.

There have been no allegations of sexual abuse or sexual harassment at BRJD during the audit cycle.

**Standard**

**§ 115.362 Agency protection duties.**

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

The superintendent and all random staff interviewed said that when a staff member learns that a resident is subject to a substantial risk of imminent sexual abuse immediate steps will be taken to remove the resident who fears for his/her safety from the threat. Staff reported that this has been discussed during the PREA training.

Given the design of the facility, at BRJD the resident could be moved to a different housing unit. If the resident who created the threat is known, he or she could also be moved to another housing unit.

The superintendent stated there have been no incidents where youth have been in imminent risk of sexual abuse at BRJD.

**Standard****§ 115.363 Reporting to other confinement facilities.**

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

BRJD PREA Policy states:

“Upon receiving an allegation that a resident was sexually abused while at another facility, the Superintendent or designee shall notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. Such notification shall be made as soon as possible, but no later than 72 hours after receiving the allegation. If BRJD receives an allegation from other agencies or facilities, such allegations will be investigated in accordance with PREA standards.”

The interview with the Superintendent confirmed that she was aware of her responsibility to report any allegation of sexual abuse that was made by a resident at BRJD that occurred at another detention or correctional facility. The report would be made to the other facility’s superintendent and the appropriate child abuse agency in the state where the allegation occurred. She also stated the reporting would be documented. The Superintendent stated that BRJD has not received any such allegations during the audit cycle.

**Standard****§ 115.364 Staff first responder duties.**

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

BRJD PREA Policy Section X, “Response Following a Resident Report,” states in Sub-section C, “Initial Report and Separation”:

“Anyone that receives a report of an alleged sexual assault, whether verbally or in writing shall immediately notify the Shift Supervisor on duty.

1. The Shift Supervisor on duty or the first responder shall ensure the alleged victim and alleged suspect are physically separated, either through the placement of one or both residents in isolation, or other effective means.
2. The alleged victim shall immediately be taken to the medical clinic for initial evaluation and any immediate first aid treatment.
3. Once separated, designated staff will conduct preliminary inquiries with resident(s) while other designated staff preserve and protect the crime scene. These preliminary interviews shall be conducted in a thorough, professional, non-abusive and non-threatening manner.
4. The Shift Supervisor will complete all applicable sections of the Sexual Assault Serious Incident Report and the Sexual Assault Report, Part A.”

Section D., “Preservation of Evidence” states:

“Physical Evidence – Victim

- (a) In preparation for transporting the alleged victim to the hospital's emergency room the resident victim is provided and instructed to undress over a clean sheet to collect any potential forensic evidence that may fall from the resident. The sheet along with the resident's clothing is collected as evidence and placed in a paper bag with the Property/Evidence Chain of Custody Form.
- (b) Forensic evidence collected by the hospital emergency staff is gathered and delivered to the investigating agency through appropriate protocol(s).

#### Physical Evidence – Resident Suspect

- (a) Immediately upon being identified as the alleged suspect the resident suspect will be instructed to undress over a clean sheet to collect any potential forensic evidence that may fall from the resident. The sheet along with the alleged suspect's clothing is collected as evidence and placed in a paper bag with the Property/Evidence Chain of Custody Form.
- (b) Thereafter, the alleged suspect under investigation is held in confinement in accordance with *DOP 236, Room Confinement, Seclusion and Segregation*.
- (c) During the course of the inquiry and/or investigation, the alleged victim and alleged suspect remain separated.

#### Physical Evidence - Crime Scene

- (a) Based upon the amount of time passed since the alleged incident and other factors, a determination is made to assess whether there is a possibility of evidence still existing at the crime scene. If determined that a possibility of evidence still exists, and if possible, the crime scene is secured and any potential evidence remains for the investigating agency to be examined/collected by.
- (b) If the crime scene cannot be secured, the crime scene is photographed and/or video-taped and if any evidence exists, it is placed in a paper bag with the Property/Evidence Chain of Custody Form.
- (d) If a potential crime scene is established, limited access is authorized and the Authorized Access Log maintained (by the Chief of Security).
- (d) If the alleged sexual assault is reported or discovered more than 96 hours after the incident, in addition to applicable provisions, the following steps are taken by the supervisor in charge:
  - (i) If feasible, secure the alleged crime scene, as forensic evidence may exist.
  - (ii) Place the alleged victim in an environment to assure safety and security.
  - (iii) Place the alleged resident suspect, if known, in confinement or if the suspect is a staff member, ensure separation from the victim.
  - (iv) Notify the Superintendent or Designee and the Clinical Supervisor."

All the staff interviewed randomly by the auditors reported that in addition to what has already been mentioned, the staff also know that they are to request that the victim and the abuser not use the toilet, wash/shower, brush their teeth, change clothes or eat or drink anything.

Interviews with non-security staff confirmed that they were also aware of what to do if they were the first person to be told of a sexual abuse incident and what to tell the residents to do and not to

do.

**Standard**

**§ 115.365 Coordinated response.**

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

The facility has created a Coordinated Response Quick Reference chart that clearly describes how staff in the various areas will respond (security, investigations, health care, mental health, etc.) when an allegation of sexual abuse is made. During interviews, the audits found that the staff are very aware of the Quick Reference Chart and the specific functions designated on the chart.

**Standard**

**§ 115.366 Preservation of ability to protect residents from contact with abusers.**

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

BRJD employees are not part of a collective bargaining unit. This standard is not applicable.

**Standard**

**§ 115.367 Agency protection against retaliation.**

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

BRJD PREA Policy Section XVII, " Protection Against Retaliation" states:

- A. "BRJD will 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. The Chief of Security and the Assistant Superintendent (PREA Coordinator) shall monitor for retaliation for 90 days, and document such efforts on the Protection from Retaliation Form.
- B. BRJD will employ multiple protection measures, including 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.
- C. BRJD will monitor the conduct or treatment of residents or staff who have reported sexual abuse or cooperated with investigations, including any resident disciplinary reports, housing, or program changes, for at least 90 days following their report or cooperation, to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to

remedy any such retaliation. BRJD will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.”

The BRJD “Sexual Misconduct and Harassment A Guide for Staff, Contractors, and Volunteers” states, “The facility strictly prohibits any staff member from interfering with an investigation including intimidation or retaliation against any resident or staff witnesses.”

The Protection from Retaliation form documents when status checks are conducted. The form includes the date of the incident, the name of the alleged victim or resident cooperating in the investigation, the name of staff cooperating with the investigation, monitoring notes, and recommended actions. If the subject of the monitoring is no longer in the facility monitoring is terminated.

The Designated Auditor interviewed the Chief of Security who monitors for retaliation along with the PREA Coordinator. The Designated Auditor was told that behavior reports, charges, and housing assignments of a resident who is a victim of sexual abuse or sexual harassment will be monitored for retaliation. These reports will also be monitored for residents who participate in an investigation. Staff assignments, disciplinary actions, and shift and post changes will be monitored for staff who participate in an investigation.

To prevent retaliation, the victim or abuser can be moved to another housing unit or, if necessary, the resident could be transferred to another facility. A staff member who is the target of retaliation could be moved to another shift or given another post assignment. Emotional support would also be offered to the resident and/or the staff member who is the subject of retaliation.

BRJD has had no incidents of retaliation reported during the audit period.

**Standard**

**§ 115.368 Post-allegation protective custody.**

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

The Superintendent stated that there have been no reported cases of sexual abuse that required a resident to be restricted to his/her room. She stated that if room confinement was used for a victim of sexual abuse, it would be used only as the last resort and only when all other less restrictive measures were determined to be inadequate to protect the victim. If room confinement was used it would only be used until alternative housing could be arranged. Given the housing options the facility offers, it is very unlikely the facility would have to isolate a victim of sexual abuse. The Superintendent stated that room confinement would be used only until another alternative was identified, but no longer than necessary.

**Standard Investigations**

**§ 115.371 Criminal and administrative agency investigations.**

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

Several policies of BRJD address criminal and administrative agency investigations. BRJD PREA Policy Section X, “Response Following a Resident Report,” states in Sub-section E, “Administrative Investigations”:

“For purposes of investigation, BRJD will only conduct initial inquiries of all reported incidents of sexual abuse, neglect and misconduct. Residents may report sexual abuse or harassment through the use of the resident grievance process. When this is the case, BRJD will proceed in accordance with *DOP 105, Resident Grievance Procedure*.

Administrative investigations shall (i) include an effort to determine whether staff actions or failures to act contributed to the abuse and (ii) documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. BRJD will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. Substantiated allegations of conduct that appears to be criminal will be referred to law enforcement for investigation and prosecution.

Formal Investigations may be completed by any combination of the following agencies: Albemarle County Department of Social Services, Department of Juvenile Justice, Albemarle County Police or Sheriff’s Department, Virginia State Police, Office of the Inspector General, Federal Bureau of Investigation and Albemarle County Commonwealth’s Attorney’s Office. In the event of a reported incident of sexual abuse, BRJD will coordinate actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

Part B or C of the Sexual Assault Report shall be completed by the Superintendent or Designee upon completion of the investigation and is included in the administrative report, along with Part A. The Sexual Assault Report is retained by administration for reporting purposes. BRJD will retain such investigative records for as long as the alleged abuser is placed or employed by BRJD, plus five years.

All records associated with claims of sexual assault including incident reports, investigation reports, resident information, case disposition, medical and mental health evaluative findings and recommendations for pre and post-release treatment and counseling shall be retained in the resident’s medical record.

BRJD PREA Policy Section X, “Response Following a Resident Report,” states in Sub-section F. “Referrals of Allegations for Investigations”:

“BRJD shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

BRJD shall contact the Albemarle County Police Department whenever a resident of the detention center has been a victim of sexual abuse while in the care of the detention center. BRJD shall notify the Department of Juvenile Justice and Albemarle County Department of Social Services Child Protective Services within 24 hours.”

BRJD PREA Policy Section X, “Response Following a Resident Report,” states in Sub-section G. “Criminal Investigation”:

“BRJD does not conduct criminal investigations of sexual abuse. If a referral is made in accordance with Section F of this standard, BRJD will fully cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to § 115.371, must meet the specialized training requirements pursuant to § 115.334, and must follow uniform forensic evidence protocol pursuant to § 115.321. ”

The investigative report completed by CPS, DJJ and Law Enforcement indicates whether the evidence substantiates that a sexual assault has occurred or the allegations are unsubstantiated or unfounded. The Superintendent, Assistant Superintendent (PREA Coordinator) and the Chief of

Security or Designee will complete the Sexual Assault Report, Part B or C and include it with the investigative report. If there is a substantiated finding of sexual assault, which violates state statute, a copy of the report and supporting documentation/evidence is forwarded to the appropriate jurisdiction for possible criminal prosecution.

The Superintendent or Designee shall thoroughly document each case to assure evidence in the event of criminal prosecution of sexual assault.”

The investigator stated that if an allegation of sexual abuse or sexual harassment was reported, the investigation would begin immediately. The victim would be separated from the alleged abuser and the supervisor would immediately call the administrative team, the nurse, the clinical supervisor, and the Albemarle County Police Department and Albemarle County Department of Social Services, Child Protective Services. The investigator stated that BRJD will fully cooperate with the police and would provide the police department with any relevant video recordings and other evidence identified in the initial investigation. The credibility of the alleged victim, suspect, or witnesses would be judged on a case-by-case basis.

The investigator said an alleged victim would never be required to take a polygraph exam as a condition for continuing the investigation. If the alleged abuser leaves BRJD or if the victim is released or transferred from BRJD, the investigation would continue to its conclusion.

The investigator also stated that all criminal and administrative investigations would be documented in written reports. BRJD has a Sexual Assault Report form which was reviewed by the auditors and found to be very thorough.

There have been no allegations of sexual abuse or sexual harassment reported at BRJD.

As previously stated, BRJD and the Albemarle County Police Department have an MOU that confirms the police department will investigate all allegations of sexual abuse that are alleged to have happened in the facility.

## **Standard**

### **§ 115.372 Evidentiary standard for administrative investigations.**

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

BRJD PREA Policy Section X, “Response Following a Resident Report,” states in Sub-section E, “Administrative Investigation”:

“BRJD will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.”

This was confirmed in the interview with the facility investigator.

**Standard****§ 115.373 Reporting to residents.**

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

BRJD PREA Policy Section X, "Response Following a Resident Report," states in Sub-section H, "Reporting to Residents":

- "1. Following an investigation into a resident's allegation of sexual abuse suffered in the facility, BRJD will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. If BRJD does not conduct the investigation, BRJD will request all relevant information from the investigative agency in order to inform the resident.
3. Following a resident's allegation that a staff member has committed sexual abuse, BRJD will subsequently inform the resident (unless BRJD has determined that the allegation is unfounded) whenever:
  - The staff member is no longer posted within the resident's unit;
  - The staff member is no longer employed at the facility;
  - BRJD learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
  - BRJD learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
4. Following a resident's allegation that he or she has been sexually abused by another resident, BRJD shall subsequently inform the resident 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.
5. All notifications in accordance with subsections A through D of this standard shall be documented on the Reporting to Residents Form.
6. BRJD's obligation to report under this standard shall terminate if the resident is released from BRJD's custody."

The PREA Coordinator stated that a resident will be informed, in writing, of the findings of the investigation and, if substantiated, the status of the abuser. BRJD has a form that provides such notification.

Since there have been no reported allegations there have been no notifications.

**Standard    Discipline****§ 115.376 Disciplinary sanctions for staff.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (requires corrective action)

BRJD PREA Policy Section XV, "Staff Disciplinary Sanctions," states:

- A. "Staff will be subject to disciplinary sanctions up to and including termination for violating BRJD's PREA and/or Harassment Policies.
- B. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual touching.
- C. Sanctions will 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.
- D. All terminations for violations of BRJD's PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."

The BRJD document, "Sexual Misconduct and Harassment A Guide for Staff, Contractors, and Volunteers" states: "It is important to point out that resident abuse, which includes sexual contact with a resident, is a Felony." Further on, the same document states, "Blue Ridge Juvenile Detention, in an effort to continually promote the professionalism of our staff, will pursue prosecution of any staff member who is involved in this type of activity. In other words, any physical contact with a resident of a sexual nature could result in prosecution. If you have any questions, do not hesitate to contact Administration for clarification."

The Superintendent stated that if there was an allegation of sexual abuse or sexual harassment, involving a staff member, he/she would be immediately separated from the facility pending the outcome of an investigation.

There have been no allegations of sexual abuse or sexual harassment at BRJD and therefore no employees have been disciplined.

**Standard**

**§ 115.377 Corrective action for contractors and volunteers.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

BRJD PREA Policy Section XV, "Staff Disciplinary Sanctions," states:

- A. "Staff will be subject to disciplinary sanctions up to and including termination for violating BRJD's PREA and/or Harassment Policies.
- B. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual touching.
- C. Sanctions will 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.
- D. All terminations for violations of BRJD's PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law

enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

The BRJD document, “Sexual Misconduct and Harassment Guide: A Guide for Staff, Contractors, and Volunteers,” states, “For the purpose of this brochure, the word “staff” and “employees” includes all Blue Ridge Juvenile Detention employees, contracted personnel, contract employers, volunteers, official visitors, and other agency representatives.” Therefore, BRJD policies are applicable to contractors and volunteers as they would be for paid staff.

The Superintendent stated that if there was an allegation of sexual abuse or sexual harassment, involving a volunteer or contractor, he/she would be immediately separated from the facility pending the outcome of an investigation.

There have been no allegations of sexual abuse or sexual harassment by any volunteer or contractor at BRJD and therefore no volunteers or contractors have been removed from the facility.

## **Standard**

### **§ 115.378 Interventions and disciplinary sanctions for residents.**

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

BRJD PREA Policy Section XVI, “Resident Disciplinary Sanctions,” states:

- A. “Residents will be subject to disciplinary sanctions in accordance with *DOP 108, Behavioral Management and Disciplinary Process* and pursuant to a formal disciplinary process 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.
- B. Sanctions will be 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
- C. The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- D. BRJD will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, and consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.
- E. BRJD will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- F. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- G. Any prohibition on resident-on-resident sexual activity shall not consider consensual sexual activity to constitute sexual abuse.”

The Clinical Supervisor stated that BRJD would offer a resident-on-resident abuser an evaluation immediately after an allegation was reported and would also provide short-term counseling. However, if the resident needed more long-term treatment, the resident would have to be referred-out to an identified treatment program.

The Superintendent and PREA Coordinator stated there have been no allegations of resident-on-resident sexual abuse or sexual harassment reported at the facility and therefore, no residents have received during this audit period.

**Standard Medical and Mental Care**

**§ 115.381 Medical and mental health screenings; history of sexual abuse.**

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

BRJD PREA Policy Section VIII, "Screening and Assessment," states:

- "2. If a resident discloses prior sexual victimization, whether it occurred in an institutional setting or in the community, BRJD will ensure that the resident is offered a follow-up reception with a medical or mental health practitioner within 14 days of the intake screening.
3. Unless such intake or classification screening precedes adjudication, the facility shall also ask residents about prior sexual abusiveness.
4. If a resident discloses prior sexual abusiveness, whether it occurred in an institutional setting or in the community, BRJD will ensure that the resident is offered a follow-up reception with a mental health practitioner within 14 days of the intake screening.
5. Subject to mandatory reporting laws, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as required by BRJD and Federal, State, or local law, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.
6. Medical and mental health practitioners shall 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."

Interviews with the Clinical Supervisor and the Clinical Case Manager confirmed these procedures. There were no residents in the facility at the time of the audit who had reported a prior victimization.

**Standard**

**§ 115.382 Access to emergency medical and mental health services.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

BRJD PREA Policy Section XI, "Medical and Mental Care," states:

"Access to Emergency Medical and Mental Health Services

1. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by BRJD's medical and mental health practitioners according to their professional judgement.
2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take immediate steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.
3. Resident victims of sexual abuse while detained shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
4. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

The MOUs that BRJD has with the University of Virginia Medical Emergency Department (UVA) and the Sexual Assault Resource Agency (SARA) state the services that will be provided to a victim (resident) of sexual abuse at BRJD. The UVA Medical Emergency Department is the designated SAFE/SANE for BRJD. The hospital will call the SARA to respond and provide advocacy services. In addition to performing its forensic protocols, UVA will also evaluate and treat prophylactically for sexually transmitted infection as appropriate and agreed upon by the patient and the medical provider. For female patients, the hospital will evaluate the possibility of pregnancy, discuss options and provide emergency contraception when needed, with patient's consent or consent dictated by law.

If a sexual abuse were to happen on a weekend the shift supervisor would notify the Superintendent who would notify police department, the nurse, and the hospital. The shift supervisor would make arrangements to transport the victim to the hospital. The Superintendent or her designee would also notify the Region X crisis intervention team to either see the victim at the hospital or at BRJD when he/she returns from the forensic exam. The facility doctor would be notified by the nurse, if necessary.

BRJD will, among other related responsibilities, ensure that the appropriate medical and mental health follow-ups are conducted at BRJD, or another location, and that the victim has access to SARA via the phone. BRJD will also ensure that services are provided to the victim without cost as long as the victim is in BRJD, regardless of whether the victim names the abuser or cooperates in the investigation of the incident.

The nurse and Superintendent reviewed these procedures with the auditors. The auditors recommended that the facility consider doing an annual drill to ensure the procedures are effective.

**Standard****§ 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

BRJD PREA Policy Section XI, "Medical and Mental Care," states:

"Ongoing Medical and Mental Health Care

1. BRJD will offer ongoing medical and mental health assessment and, as appropriate, treatment to all residents who, during their present term of placement, have been victimized by sexual abuse.
2. The assessment and treatment of sexual abuse victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
3. BRJD will provide resident victims of sexual abuse with medical and mental health services consistent with the community level of care.
4. Resident victims of sexually abusive vaginal penetration while detained shall be offered pregnancy tests.
5. If pregnancy results, such victims shall receive timely information about and access to all lawful pregnancy-related medical services available in the community.
6. BRJD shall attempt to conduct a mental health assessment of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by qualified mental health practitioners."

The nurse said she would follow-up with all medical directives from the hospital. In addition, the facility doctor would see the victim as soon as practical. The victim and the abuser would be offered tests for sexually transmitted infection while they remain in the facility.

The Clinical Supervisor and the Clinical Case Manager said the victim would be seen on the next business day following the incident. If necessary, the Region X crisis intervention team would see the resident after normal business hours.

Medical and mental health services would be provided to the victim without financial cost.

**Standard Data Collection and Review****§ 115.386 Sexual abuse incident reviews.**

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

BRJD PREA Policy Section XIV, "Sexual Abuse Incident Reviews," states:

- A. "BRJD will 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.
- B. The review shall occur within 30 days of the conclusion of the investigation.
- C. The review will include the Assistant Superintendent/PREA Coordinator and the Chief of Security, and will include input from the Shift Supervisor on duty at the time of the event, the Clinical Supervisor, the Facility Nurse and others as necessary and appropriate.
- D. The review team shall:
  - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - 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;
  - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - Assess the adequacy of staffing levels in that area during different shifts;
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - Prepare a report of its findings and any recommendations for improvement and submit such report to the Superintendent.
- E. The facility shall implement recommendations for improvement, or shall document its reasons for not doing so.
- F. All cases associated with claims of sexual assault, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings and recommendations for post release treatment and/or counseling are confidential and retained by BRJD. All investigative files are considered confidential information."

The Chief of Security said the Incident Review Team is composed of the Superintendent, the Assistant Superintendent, and the Chief of Security. The Chief reported that BRJD has a Sexual Assault Incident Review form which is used to ensure the team covers all the areas required in the standard.

**Standard**

**§ 115.387 Data collection.**

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

BRJD PREA Policy Section XVIII, "Data Requirements," states:

A. Data Collection

1. BRJD shall collect accurate, uniform data for every allegation of sexual abuse at BRJD using a standardized instrument and set of definitions.
2. BRJD will aggregate incident-based sexual abuse data annually.
3. The incident-based data collected shall include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
4. BRJD shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
5. Upon request, BRJD will provide all such data from the previous calendar year to the Department of Justice no later than June 30."

The Superintendent said that data is collected and aggregated consistent with this standard in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. There have been no allegations of sexual abuse or sexual harassment reported at BRJD in the audit period. However, procedures are in place to capture the necessary information.

**Standard**

**§ 115.388 Data review for corrective action.**

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

BRJD PREA Policy Section XVIII, "Data Requirements," states:

"B. Data Review

1. BRJD will review data collected from all reports of sexual abuse in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
  - Identifying problem areas;
  - Taking corrective action on an ongoing basis; and
  - Preparing an annual report of its findings and corrective actions.
2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of BRJD's progress in addressing sexual abuse.
3. The report shall be approved by the Superintendent and made readily available to the public on the facility's website at [www.brjd.org](http://www.brjd.org).

4. BRJD may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility however the nature of the material redacted will be indicated.”

The auditors read the BRJD Annual Report which is available on the facility’s Web site. The report is well written and describes BRJD’s commitment to ensuring that all residents are safe from sexual abuse and sexual harassment.

**Standard**

**§ 115.389 Data storage, publication, and destruction.**

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

BRJD PREA Policy Section XVIII, “Data Requirements,” states:

“C. Data Storage, Publication and Destruction

1. BRJD will ensure that data collected on all reports of sexual abuse is securely retained.
2. BRJD will make all aggregated sexual abuse data readily available to the public at least annually through its website or, if it does not have one, through other means.
3. Before making aggregated sexual abuse data publicly available, BRJD will remove all personal identifiers.
4. BRJD will maintain sexual abuse data for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.”

PREA investigations materials are maintained with the resident’s medial file. Any other confidential PREA information would be maintained and secured by the Superintendent.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. The auditor finds that as of August 19, 2016, Blue Ridge Juvenile Detention, Charlottesville, Virginia meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.



\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
November 25, 2016

Date