

# PREA Facility Audit Report: Final

**Name of Facility:** Blue Ridge Juvenile Detention

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 02/25/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sara Jones	<b>Date of Signature:</b> 02/25/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Jones, Sara
<b>Address:</b>	
<b>Email:</b>	sjones@merrimac-center.net
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	07/22/2019
<b>End Date of On-Site Audit:</b>	07/22/2019

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	Blue Ridge Juvenile Detention
<b>Facility physical address:</b>	195 Peregory Ln., Charlottesville, Virginia - 22902
<b>Facility Phone</b>	4349519342
<b>Facility mailing address:</b>	195 Peregory Ln., Charlottesville, Virginia - 22902

<b>Primary Contact</b>	
<b>Name:</b>	Jay Boland
<b>Email Address:</b>	bolandja@brjd.org
<b>Telephone Number:</b>	4349519342

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Cathy
<b>Email Address:</b>	roesslerca@brjd.org
<b>Telephone Number:</b>	434-951-9341

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Michelle Nave, LPN and Thedra Nichols, FNP
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	40
<b>Current population of facility:</b>	10
<b>Average daily population for the past 12 months:</b>	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	10-17 / Pre-D and Post-D; 14-20 / CPP, CAP and Re-entry
<b>Facility security levels/resident custody levels:</b>	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	47
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Blue Ridge Juvenile Detention Commission
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	195 Peregory Lane, Charlottesville, Virginia - 22902
<b>Mailing Address:</b>	
<b>Telephone number:</b>	4349519340

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Cathy Roessler
<b>Email Address:</b>	roesslerca@brjd.org
<b>Telephone Number:</b>	4349519341

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Jay Boland	<b>Email Address:</b>	bolandja@brjd.org

## AUDIT FINDINGS

### **Narrative:**

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

The on-site PREA audit of Blue Ridge Juvenile Detention (hereinafter referred to as BRJD or the facility) was conducted on July 22, 2019 in Charlottesville, Virginia. The audit was conducted by certified PREA Auditor, Dr. Sara Jones.

It is important to note that the July 22nd on-site visit was a continuation of the initial facility audit conducted by certified auditor, Ms. Dawn Barber (initial auditor), in February 2019. Due to unforeseen circumstances, the post-audit work/report could not be completed; with the approval of the National Prison Rape Elimination Act Management Office (PMO), the initial auditor requested that BRJD contract with another certified auditor to complete their audit report. BRJD contacted this auditor on March 29, 2019 to begin that process. Coordination between the initial auditor, the PMO/PRC, and this auditor took several weeks to confirm approval to take over the original audit and to not penalize BRJD for the time lapsed; the new contract was signed on June 12th with the one-day on-site scheduled for July 22, 2019. Following receipt of the contract, the initial auditor supplied this auditor with the documentation that she had compiled. Permission to access the Online Audit System (OAS) was also granted at that point.

Instruction from the PRC was to adopt and utilize the pre-audit and on-site work previously completed by the initial auditor. The purpose of the one-day on-site visit was to allow the current auditor to familiarize herself with the facility, programs, and practices; new (additional) interviews were conducted as well.

The initial auditor created the PREA Audit Notice Posting and issued it to the PREA Coordinator at BRJD with instruction for it to be posted throughout the building and visible for six weeks prior to the on-site audit. The form was issued in both English and Spanish, brightly colored, and in large font for ease of reading and noticeability. The PREA Coordinator confirmed that the notice was posted as requested on January 22, 2019 for the scheduled audit on February 26, 2019. The PREA Audit Notice Form contained the dates of the audit, the purpose of the audit, auditor's contact information, including a PO Box dedicated to PREA communications. This notice remained on display through current auditor's on-site review in July. The current auditor confirmed with the initial auditor, just prior to the (second) on-site visit, that she had not received any correspondence from anyone affiliated with BRJD (residents, staff, third-parties, etc.). Residents can write the auditor confidentially as all PREA correspondence is considered legal mail per BRJD policy, furthermore, the notice indicated that "all information received by the PREA Auditor, by either written correspondence or disclosure, shall be considered confidential unless required by law." To date, there has been no correspondence received by the auditors related to PREA reports from BRJD during this audit cycle.

BRJD and the initial auditor agreed to use the OAS and the audit form was created on January 28, 2019. The OAS is an automated version of the PREA audit process designed to gather information in a secure, technology-based system which allows for collaboration among the facility and the auditor. It provides all parties provision specific instructions, documentation sharing, site-review guides, and notation

capabilities for each of the audit phases. The BRJD PREA Coordinator compiled the facility's PREA policies and procedures, related documentation, and completed the Pre- Audit Questionnaire (PAQ) through the OAS. This auditor thoroughly reviewed hard copy files supplied by the initial auditor and the PAQ in advance of the July 22, 2019 on-site visit. The auditor also reviewed information regarding BRJD on the facility's website including the previous PREA Audit report which was finalized on November 25, 2016. During review of the aforementioned information, the auditor notated areas that would require clarification or further information so that those issues could be addressed during the on-site portion of the audit.

On July 22, 2019, an entrance meeting was conducted with BRJD Director, Ms. Cathy Roessler, Deputy Director/PREA Coordinator, Mr. Jay Boland, and Chief of Security, Mr. Art Daniels. Mr. Boland was the primary point of contact for BRJD's PREA audit. The discussion centered around the unique circumstances of this "second" audit in less than six months and the resulting deviation (repeat) of the PREA process map. It was further noted that the audit report would reflect both the previous auditors work from February and the current auditor's findings. The auditor highlighted that any corrective action, if necessary, should be viewed as an opportunity for growth and that we would address those matters collaboratively. It was also made clear that, for all intents and purposes, the facility remains in compliance with the three-year audit cycle based on the initial on-site dates, per the PMO.

The purpose and process of the audit was reviewed along with the proposed audit schedule and timeline for completion. It was explained that there would be flexibility in the order of interviews to accommodate the facility's daily operations and requested that the auditor have unimpeded access to the facility, documents, and staff. The PREA Coordinator supplied the auditor with a current resident roster, a roster of residents that met criteria for targeted interviews, and a list of employees in the facility that day. Targeted interviews are those that are designed for specific populations including residents with learning disabilities, residents who reported sexual abuse, residents that disclosed prior sexual victimization during intake, and residents that identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI). The auditor used the list to select staff and residents for interviews; this was achieved by numbering the list of names sequentially, then utilizing an online number randomizer, a new roster order was created, and the requisite number of interviewees were identified. The auditor reviewed the identified random interviewees to ensure that there was adequate representation of the facility's diversity. The PREA Coordinator shared which staff complete specialized duties and assured the auditor that all selected interviewees allowed for the necessary representation of those duties. All paper files (employee, resident, contractor, volunteer, grievances, intakes, etc.) and facility documentation (activity logs, unannounced rounds, resident manual, assessment forms, policies, etc.) had been supplied to the previous auditor during the initial on-site, those files were passed along to the current auditor for review off-site and are stored securely for retention per §115.401. The auditor spoke with the PREA Coordinator directly to garner clarification about information/questions presented in the PAQ and the previous auditors notes.

Upon conclusion of the entrance meeting, the facility site review commenced. The Deputy Director/PREA Coordinator and Chief of Security provided guidance and information to the auditor throughout the facility. During the site review, the auditor took note of, and asked questions regarding, the facility layout, a diagram of which had been provided during the pre-onsite audit phase. The auditor actively engaged with staff, notated observations, and made inquiries throughout the site review. The auditor viewed camera system operations and identified camera locations throughout the facility, the auditor was unable to identify any blind spots. PREA related signage was prolific, there were zero-tolerance notifications, toll-free PREA hotline and local advocacy numbers were posted on housing pods near the resident telephones, and PREA information was in regular rotation on the electronic notifications (Encartele)

televisions throughout the facility, including the lobby. The auditor heard staff announce their presence on housing pods (§115.315), witnessed resident movement and activity on the pods, verified staffing ratios and inquired about supervision practices (§115.313). The auditor also observed the intake area, the outdoor recreation areas, the clinic, counseling offices, the visitation area, classrooms, the kitchen, and storage areas. Conversation was had with teachers, medical staff, mental health staff, and resident supervisors. There were no admissions on the day of the on-site visit for the current auditor to witness an intake, screening, and classification process as a live application, however, the auditor had intake staff walk through the process in mock fashion during interviews. The auditor was able to take photographs throughout the facility review, as visual documentation of living and programmatic areas, surveillance system placement, and PREA related informational postings with the understanding that resident confidentiality was to be maintained.

Following the site review the auditor commenced interviews with staff and residents. Staff interviews were conducted in the administration area conference room and resident interviews were conducted in a vacant interview room in the secure area of the building. These spaces afforded comfort and privacy for the auditor and interviewees. Each of the interviews began with an introduction of the auditor and the purpose of the PREA audit at BRJD. The auditor assured interviewees of the expectation of confidentiality and anonymity in the final report, how to contact the auditor if the interviewee felt subject to any sort of retaliation for their participation following the audit, and obtained their consent to continue with the interview before asking questions contained in the various interview protocols.

There were eighteen (18) residents in the facility on the day of the on-site visit, comprised of three (3) females and fifteen (15) males. The auditor identified eleven residents to participate in interviews (2 target population, 9 random); one of those residents declined to participate due to feeling under the weather, so only ten resident interviews were officially conducted. All residents were proficient in English, two self-identified as part of the LGBT community; per staff interviews it was determined that no residents in the facility identified as transgender or intersex. No resident was in isolation at the time of the audit and no resident was identified as having disclosed prior sexual victimization.

Interviews with the residents assured the auditor that they were well informed regarding the PREA, their rights, and how to report abuse. All residents reported that they were treated well by staff and felt safe at BRJD.

The auditor conducted interviews with the following facility leadership:

Ms. Cathy Roessler, Director  
Mr. Jay Boland, Deputy Director/PREA Coordinator  
Mr. Art Daniels, Chief of Security

The auditor conducted the following staff interviews during the onsite phase of the audit:

Random Staff Interviews = 12  
Specialized Staff Interviews = 19\*

The breakdown of specialized staff interviews is as follows:

- Intermediate-level or higher-level staff (3)
- Medical and mental health professionals (2)
- Human Resources staff (1)

- Investigative staff (3)
- Sexual abuse incident review team (3)
- Staff charged with monitoring retaliation (3)
- Staff who perform screening for sexual abuse and sexual victimization (6)
- Staff who supervise residents in segregated housing (7)
- Non-medical staff involved in cross gender strip searches (2)
- First responders (12)
- Intake staff (11)
- SANE staff (1)

Total specialized interviews: 56

\*Note: Most of the BRJD staff have multiple responsibilities, 19 of the staff were interviewed utilizing multiple protocols that correlated to the specialized duties they perform. Therefore, the number of specialized interviews presented in the table above exceeds the number of specialized staffs interviewed.

BRJD has 36 authorized positions that have contact with residents and six current staff vacancies. Ten (10) Resident Advisors and two (2) Resident Advisor IIs (Supervisors), who were randomly selected from all shifts by the auditor, were interviewed. All employees interviewed in random interviews reported that they had received comprehensive PREA training and that they do so annually. Staff reported that their annual training requirements included a minimum of four hours of PREA specific content along with additional hours of training in mandatory reporting, boundaries and professional relationships, resident rights, admission screening, trauma training, policy and scenario training, and training regarding working with LGBTQ residents. Training includes facilitator presentations, discussions, participant and group activities. Documentation of training is stored in each employee's training record and were identified in each of the five staff files selected for document review. Additionally, a roster for each of the trainings was provided to the auditor for review and indicated that all staff had received training (per staff signature). There is also specialized training required for investigative staff, medical staff, and mental health staff which was completed through the National Institute of Corrections online program. Five (5) additional training records for these specialized categories were also reviewed by the auditor and verified complete.

All staff verbalized during their interviews that they understood their role as "mandated reporters," identified who they could report sexual abuse and sexual harassment to, and the various mechanisms in place to make such reports. All staff interviewed knew that the Albemarle County Police Department (ACPD) and Child Protective Services (CPS) would conduct any investigations resulting from allegations of sexual abuse. They were each able to describe what their response would be if ever a resident were to report sexual abuse or harassment to include separating the alleged victim and perpetrator, ensuring resident safety, preserving the scene, immediate notification of the supervisor, and thorough documentation. Several of the BRJD staff are bilingual but staff was also aware of the facility's access to a "Language Line" to assist staff if an interpreter is needed when speaking with residents who have limited English proficiency; they further acknowledged that they would never utilize another resident as interpreter for other residents when making an allegation of sexual abuse or harassment. All staff indicated that they announce their presence when entering a housing pod.

Medical services are provided to the residents of the facility on-site by a full-time licensed nurse and a part-time contract physician. BRJD's licensed Clinical Supervisor provides on-site supervision to a full-time Region Ten 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.

BRJD maintains a zero tolerance for resident-on-resident sexual assault, staff sexual misconduct, and sexual harassment toward offenders. Every allegation of sexual assault, misconduct, and harassment is thoroughly investigated. BRJD conducts administrative investigations into allegations of sexual misconduct. 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. There were zero criminal investigations, and zero cases referred for prosecution, in the twelve months preceding the audit.

File review was conducted off-site using documentation gathered during the initial auditor's on-site review. The file review consisted of five (5) comprehensive resident files (which included their corresponding medical and mental health records), five (5) employee training files/records and one (1) volunteer file/record (these files contained background checks, proof of child abuse registry checks, references, and detailed the type of training the employee received to include PREA training documentation) for a total of 11 file reviews. An additional five (5) training files were reviewed for the individuals that require specialized PREA training (investigations, mental health, and medical staff). All files were selected in the same manner as interviews, from a randomly generated list of numbers which corresponded to the alphabetical rosters provided to the auditor.

As reported by the PREA Coordinator on the PAQ, review of facility documentation (i.e., grievances and incident reviews), and interviews with facility staff, there have been zero allegations of sexual abuse and zero allegations of sexual harassment reported in the past twelve months.

The auditor contacted Just Detention International (JDI) on July 18, 2019 to inquire if that agency had received any information regarding BRJD; JDI confirmed a check of their records showed no complaints on file regarding the facility for the twelve months preceding the audit. The auditor verified that UVA provides SAFE/SANE services when necessary. The Sexual Assault Resource Agency (SARA) was also contacted; they too verified that they had received zero allegations/complaints related to sexual abuse or sexual harassment at BRJD in the preceding twelve months.

BRJD has embraced the PREA initiative and incorporated education, prevention, detection, response, investigation and tracking protocols for any reported acts of sexual assault. They have created extensive documentation dedicated to PREA related assessments, training, reporting, and monitoring. BRJD has procedures in place to collect data regarding sexual abuse and sexual harassment in the facility. They have published their 2018 PREA Annual Report findings which provides information on the facility's continuous effort to comply with all PREA standards; this report is available on the facility's website. BRJD's website also provides historical PREA related data, the previous 2016 PREA Audit Report, and provides several ways for parents and third-parties to make a report of sexual abuse or sexual harassment.

The auditor closed the on-site portion of the audit by conducting an exit meeting with the Director, Deputy Director/PREA Coordinator, and Chief of Security. The auditor gave an overview of the audit thus far, obtained clarification on a few matters from the initial auditor's notes, and discussed ideas that could enhance the facility's practices regarding sexual safety and enhance the effectiveness of its sexual abuse prevention, detection, and response.

## AUDIT FINDINGS

### Facility Characteristics:

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

Blue Ridge Juvenile Detention was constructed in 2001 and opened for operations in July 2002. BRJD is a 40-bed, state of the art, secure juvenile detention facility designed by Moseley Architects of Richmond, Virginia and constructed by Kenbridge Construction. BRJD is located at 195 Peregory Lane, Charlottesville, VA. 22902; nestled between the Virginia National Guard Armory and the Albemarle – Charlottesville Regional Jail.

Blue Ridge Juvenile Detention is a Commission operated facility with the following localities as participating members: the counties of Albemarle, Culpeper, Fluvanna, and Greene, as well as, the City of Charlottesville. The facility is licensed to operate by the Virginia Department of Juvenile Justice (DJJ).

Local and State youth are held at BRJD. The local and state residents are deemed by the juvenile court system to be alleged delinquent youth who require secure custody pending court disposition or placement and/or those who have been sentenced. BRJD is licensed to care for juveniles, ages 10 thru 17, in their local Pre- and Post-Dispositional Program populations; state operated programs (Central Admissions and Placement, Community Placement Program, and Re-Entry Program) provides services for committed residents ages 14-20.

BRJD's Post-Disposition Program (Post-D) is a dispositional alternative to commitment 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. Both programs serve juveniles who likely have not experienced success in community-based services or other types of community-based residential settings. 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.

The Community Placement Program is a partnership program between the DJJ and BRJD and designed for males ages 14-20. 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. Central Admissions and Placement (CAP) is designed for intake, orientation, and evaluation of residents recently committed to the Department of Juvenile Justice. During this 21-30-day period following commitment, CAP status residents are evaluated medically, psychologically, behaviorally, educationally, vocationally, and sociologically. At the conclusion of the evaluation process the youth's treatment team meets to discuss and identify treatment needs, determine length of stay, parole plan details, and offer placement recommendations. Re-Entry Program residents are committed youth that

have completed mandated treatment services but remain in direct care; during the last 30-120 days of their detainment they begin to transition back into their communities through increased family visitation, initiation of parole services, securing employment, and continued education planning.

BRJD also provides 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.

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 residents 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.

As previously noted, BRJD has 36 authorized positions that have contact with residents; at the time of the on-site audit there were six staff vacancies. The facility has four teams that work twelve-hour shifts, each consisting of a Shift Supervisor, Resident Advisor II, and several Resident Advisors in various configurations depending on the shift and what is necessary to maintain staffing ratios. BRJD, in keeping with PREA requirements, maintains a staff to resident ratio of 1:8 during waking hours and 1:16 during sleeping hours.

BRJD provides direct and indirect supervision of residents and offers a host of services to include medical services, meals, clothing, family visitation, indoor and outdoor recreation, mental health crisis intervention, education, drug screening, community service opportunities, psychiatric evaluation, physical education, and religious accommodations. Specialized programming for youth detained in the state operated programs focus on developing competency in the areas of education, life and social skills, employability skills, thinking skills, substance abuse relapse prevention, aggression management, and address treatment needs and risk factors. Programming is also designed to increase connection with communities and families to improve transition, following detention, back into the community. SVJC served 160 youth the twelve months preceding the audit with an average length of stay being 25 days. There were 18 residents (15 males and 3 females) in the facility during the on-site portion of the audit which began July 22nd. The population was comprised of zero Post-D Program or Re-Entry Program residents, six (6) Community Placement Program residents, three (3) CAP residents, and nine (9) Pre-D residents.

The 40-bed facility hosts four housing units, referred to as pods: Alpha, Bravo, Charlie, and Delta. Each of the pods has ten single occupancy sleeping rooms, two resident bathrooms, a staff bathroom, staff office, janitorial closet, and storage area. There are two holding rooms in the intake area and an observation room near the master control room. All rooms have a window, toilet, sink, and single bunk. The sallyport, intake area, and the holding rooms have one camera each. The observation room has two cameras. Each housing unit has several cameras, two phones for resident use, and an Encartele television providing information and access to PREA related resources. Resident Advisors also wear body cameras that can be activated during incidents. The observation room and intake cells with cameras have the toilet area blacked out to ensure resident privacy. The auditor confirmed that the shower areas and restrooms provide adequate privacy for the residents when in use.

The facility has a large gymnasium with wood floors, which was amid a renovation during the onsite audit; the gym has three cameras. The dining hall has two cameras and is utilized for visitation, meals, and as the art classroom during the school day. There is also an out-door recreation area monitored by two cameras. Food is prepared at the Albemarle - Charlottesville Regional Jail, however, the facility does have its own kitchen on site as well; the food program follows the USDA food guidelines for school food programs. There is non-contact visitation area but it is not used. The facility also houses several staff offices, an administration area, visitor lobby, clinic, and three classrooms.

The facility utilizes a Honeywell video surveillance system comprised of 65 digital and/or analog cameras. The facility layout provides for relatively open sightlines and staff coverage ensures appropriate levels of direct supervision. The auditor was able to review operations in the master control room and get a firsthand view of the camera system, touchscreen monitors, logbooks, radios, keys, and restraints maintained therein. The DVR retention period for the cameras is four (4) to six (6) weeks. As previously noted, the Resident Advisors also wear body cameras that can be activated during incidents. The body cameras record internally and can be uploaded for review in conjunction with DVR system recordings as an additional point of view. BRJD utilizes JCS SoftTec for data management in conjunction with paper files stored securely in the administrative area.

PREA related information (in English and Spanish) was highly visible on each of the pods, in classrooms, and throughout the facility. Information addressed the zero-tolerance policy for sexual abuse and sexual harassment, rights and prevention practices, reporting methods, responses/resources available. PREA reporting methods and resources for assistance were displayed on the Encartele televisions on each of the pods and in the lobby area for parent and visitor viewership. Telephone numbers for assistance and agency contact information was located near resident phones. A guide for employees to report child abuse and neglect was posted in staff areas.

BRJD's seven teachers and one principal are employees of the Albemarle County School system and all students follow a regular academic schedule while detained. The BRJD academic program is a State Operated Program run directly by the Virginia Department of Education. The education program's Mission Statement reads: "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." When placed at BRJD, the youth'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.

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 a welcome component of the BRJD Academic Program which has hosted guest speakers from the University of Virginia, Piedmont Community College, Virginia Department of Labor, and local business leaders. The academic program, in conjunction with BRJD, has used grant money furnished by the VA Department of Education and matched by the BRJD Commission to construct their greenhouse for instructional use.

The BRJD Garden Program was established in 2008. The program currently has two greenhouses, nine raised beds, a composting station, and in 2014 a grant allowed for expansion of the area to include a koi

pond, a deck furnished with outdoor furniture, and pergola. 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 21st 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. Such a space contributes to the sexual safety of residents by creating an environment that lessens the stress of incarceration.

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 religious services which consist of weekly nondenominational services for residents; residents attend on a voluntary basis.

As previously noted, 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 full-time nurse in the facility Monday through Friday. 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.

Visitation for detention residents is on Sundays from 8:30-10:30 am. Detention residents are also eligible for visitation on Wednesdays from 5:30-6:30 pm, based on the prior week’s behavior. Visitation for CPP Residents is on Sundays from 1:00-3:00 pm. All visitors must present a valid picture ID. All visitors enter through the lobby area which relays PREA specific information on the Encartele television.

All residents are entitled to an intake phone call to a parent or legal guardian. Residents have the right to refuse an intake phone call. Residents may not receive any incoming personal telephone calls while detained at BRJD. The phone system at BRJD is provided by Encartele and is programmed to allow residents to contact their attorneys, probation officers, DSS legal guardians, and PREA related resources at no cost. All others may accept collect calls from the resident or set up an account for the resident with Encartele.

Residents are provided with paper, writing utensils, and two (2) free stamps per week. Residents may receive incoming mail to include letters, cards and pictures, all of which are screened for contraband.

BRJD has had no allegations of sexual abuse during the current audit cycle. BRJD takes any allegation seriously and maintains a zero-tolerance policy for sexual abuse or sexual harassment. Their staff is

trained extensively in child abuse and neglect reporting, maintaining professional relationships, behavior management, code of ethics and more. BRJD is actively committed to preventing, detecting, and responding to abuse of any kind and is always striving to enhance program and remain responsive to the diverse population it serves.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	39
<b>Number of standards not met:</b>	0

Number of Standards Exceeded: 4

- § 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- § 115.331 Employee training
- § 115.333 Resident education
- § 115.354 Third-party reporting

Number of Standards Met: 39

- § 115.312 Contracting with other entities for the confinement of residents
- § 115.313 Supervision and monitoring
- § 115.315 Limits to cross-gender viewing and searches
- § 115.316 Residents with disabilities and residents who are limited English proficient
- § 115.317 Hiring and promotion decisions
- § 115.318 Upgrades to facilities and technologies
- § 115.321 Evidence protocol and forensic medical examinations
- § 115.322 Policies to ensure referrals of allegations for investigations
- § 115.332 Volunteer and contractor training
- § 115.334 Specialized training: Investigations
- § 115.335 Specialized training: Medical and mental health care
- § 115.341 Obtaining information from residents
- § 115.342 Placement of residents in housing, bed, program, education, and work assignments
- § 115.351 Resident reporting
- § 115.352 Exhaustion of administrative remedies
- § 115.353 Resident access to outside support services and legal representation
- § 115.361 Staff and agency reporting duties
- § 115.362 Agency protection duties
- § 115.363 Reporting to other confinement facilities
- § 115.364 Staff first responder duties
- § 115.365 Coordinated response
- § 115.366 Preservation of ability to protect residents from contact with abusers
- § 115.367 Agency protection against retaliation
- § 115.368 Post-allegation protective custody



- § 115.371 Criminal and administrative agency investigations
- § 115.372 Evidentiary standard for administrative investigations
- § 115.373 Reporting to residents
- § 115.376 Disciplinary sanctions for staff
- § 115.377 Corrective action for contractors and volunteers
- § 115.378 Interventions and disciplinary sanctions for residents
- § 115.381 Medical and mental health screenings; history of sexual abuse
- § 115.382 Access to emergency medical and mental health services
- § 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
- § 115.386 Sexual abuse incident reviews
- § 115.387 Data collection
- § 115.388 Data review for corrective action
- § 115.389 Data storage, publication, and destruction
- § 115.401 Frequency and scope of audits
- § 115.403 Audit contents and findings

Number of Standards Not Met: 0

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.311:</p> <ol style="list-style-type: none"> <li>1. BRJD PREA Policy Final</li> <li>2. BRJD Organizational Chart</li> <li>3. Interviews with PREA Coordinator/Deputy Director, Chief of Security, and Director</li> <li>4. Interviews with random staff and residents</li> <li>5. Facility Site Review Observations</li> </ol> <p>115.311 (a)</p> <p>Blue Ridge Juvenile Detention (BRJD) presented a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The facility’s PREA Policy outlines BRJD’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment; includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment; includes sanctions for those found to have participated in prohibited behaviors; and, includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. BRJD’s PREA Policy is written in accordance with the standards set forth by the Prison Rape Elimination Act (PREA) of 2003. Specifically, the BRJD PREA 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.”</p> <p>A thorough review of the policy, observations during the site visit, and interviews conducted with ten residents, twelve random staff, the PREA Coordinator, Director, and Chief of Security, the auditor was able to affirm that BRJD proffers a “Zero Tolerance” culture toward all forms of sexual abuse and sexual harassment. The zero-tolerance policy is also visible on the facility’s website, on facility handouts, and posted throughout the building. When a resident first enters the facility the zero-tolerance policy is read to them by staff in the intake area, they review a PREA video, complete assessments to identify vulnerability which assist in insuring safety throughout their detainment. Staff make a concerted effort and take measures to prevent, detect, and respond to any form of sexual abuse/harassment; and, residents feel safe and comfortable housed within the facility.</p> <p>115.311 (b)</p> <p>BRJD has appointed an upper-level PREA Coordinator, he also serves as the facility’s Deputy Director and is identified as such on the BRJD Organizational Chart. The auditor interviewed the PREA Coordinator and he indicated that he feels he has sufficient time and authority to develop, coordinate, direct, and oversee the facility’s efforts to comply with the PREA</p>

Standards in conjunction with his Deputy Director duties. He indicated that he oversees programs, staffing patterns, training, and acts as Administrator on Call as necessary. He works closely with the other members of the administration team including the Director and the Chief of Security. The PREA Coordinator reports directly to BRJD's Director. Both the Chief of Security and the Director indicated during an interview with the auditor that PREA compliance and the sexual safety of the residents remanded to the facility is a priority for the facility and expressed confidence and support for the PREA Coordinator in his duties and responsibilities.

115.311 (c)

BRJD operates under the authority of the Blue Ridge Juvenile Detention Commission and is the only facility they operate, therefore a PREA Compliance Manager is unnecessary and this provision is not applicable.

Compliance Determination:

Based on review of BRJD policy, interviews with staff and residents, Director and the PREA Coordinator, and observations made during the site review the auditor has determined that no corrective action is needed. It is clear that the facility has made a concerted effort to define, implement, and enforce a zero-tolerance policy for sexual assault and sexual harassment; they exceed the requirements of this standard.

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.312:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire (PAQ)</li> <li>2. Interview with PREA Coordinator</li> <li>3. Interview with Director</li> </ol> <p>115.312 (a-b)</p> <p>Through review of the PAQ and as confirmed by interviews with BRJD administration, Blue Ridge Juvenile Detention Commission operates only one facility and does not contract with other entities for the confinement of residents; therefore, this standard is not applicable.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility is in compliance with this standard and no corrective action is necessary.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.313:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD Staffing Plan 2017 &amp; 2018</li> <li>3. BRJD Staffing Unit Layout Jan. 2017</li> <li>4. BRJD Unannounced Rounds Records</li> <li>5. Interviews with PREA Coordinator, Director, and Chief of Security</li> <li>6. Interviews with Random Staff</li> <li>7. Interviews with Specialized Staff (Intermediate/Higher Level)</li> <li>8. Facility Site Review Observations</li> </ol> <p>115.313 (a)</p> <p>BRJD PREA Policy, Section IV, addresses this provision. BRJD has developed, implemented, and documented a staffing/supervision plan that provides for adequate levels of staffing to protect residents from sexual abuse and sexual harassment; the staffing plan is enhanced by the facility's video monitoring capabilities. BRJD has had an average daily population (ADP) of 10 residents since the last PREA Audit, on the day of the current on-site review there were 18 residents. Regardless, the staffing plan is predicated on an ADP of 32 residents. A review of the staffing plan detailed the process by which current staffing, possible changes to staffing, and future staffing determinations are analyzed and made with consideration given all components of the facilities physical plant, the composition of the resident population, the number and placement of supervisory staff, programmatic operations on all shifts, applicable State and local laws, regulations, and standards, which comprise the eleven (11) requirements of this provision.</p> <p>During the auditor's on-site visit, staffing and supervision ratios were confirmed by personal observation throughout the facility during waking/programming hours and during non-waking/sleeping hours; there were no indications of deviation in staffing patterns. Interviews of staff from the day and evening shifts confirmed that BRJD maintains a staffing ratio of 1:8 waking and 1:16 sleeping, at all times. The Director shared with the auditor that staffing typically exceeds the required staffing ratios, that units can be combined when population is small, and that typically there is ample additional staff on any given shift which will assist in attending to the largest unit. The PREA Coordinator indicated that the facility has not had any finding of inadequacy from any federal or state court or agency; BRJD is certified and licensed by the Virginia Department of Juvenile Justice.</p> <p>The facility operates four teams which work twelve-hour shifts. The staffing plan dictates that day shift is comprised of ten staff (1 Shift Supervisor, 1 Resident Advisor II, and 8 Resident Advisors); and, night shift is comprised of 8 staff (1 Shift Supervisor, 1 Resident Advisor II, and 6 Resident Advisors). This staffing pattern more than adequately meets the required staffing ratios as dictated by the PREA. Furthermore, video monitoring is used in conjunction with physical staffing to ensure the safety of residents and staff. There are 68 cameras (both analog and digital) throughout the facility that provide for detailed surveillance of the physical plant, all but eliminating blind spots, thereby increasing BRJD's sexual safety practices by</p>

allowing continuous supervision of resident and staff whereabouts and activities.

115.313 (b)

BRJD PREA Policy, Section IV (B) states, "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)." Per interview responses from the PREA Coordinator, BRJD would document any deviations from the staffing plan in the log book found in the supervisors office; furthermore, he indicated to the auditor that there were no deviations from the staffing plan over the course of the past twelve months and that the required ratios were consistently maintained. This was further supported by the document review of resident population reports, time sheets, and the supervisors log book.

115.313 (c)

As noted in provisions (a) and (b) of this standard, BRJD maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Per responses from interviews with the PREA Coordinator and the facility Director, there have been zero instances of deviation from the staffing ratios; this was further supported by 12 months of staff and resident rosters, and by observation by the auditor during the on-site review, wherein the auditor observed residents in pod activity rooms, at which time staffing ratios were in compliance.

115.313 (d)

BRJD PREA Policy, Section IV (d) states, "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 presented the current Annual Staffing Plan and their annual PREA Staffing plan assessments for 2017 and 2018. This assessment form ensures that upper-level staff give consideration to various aspects of facility staffing and facility logistics in an effort to identify any potential vulnerability and make recommendations for improvement. Signatures indicated that this plan is reviewed annually by the Director, Deputy Director, and Chief of Security. Interviews with the PREA Coordinator, Chief of Security, and Director support frequent discussions/reviews of the staffing plan particularly in times of position vacancies. Review of the most recent Annual PREA Assessment indicated that there were no issues/concerns identified and warranted no changes to the staffing plan.

115.313 (e)

BRJD PREA Policy, Section IV (e) dictates that, "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 by shift supervisors are documented in logbooks on each pod in addition to regular fifteen-minute checks and room inspection logs. Two shift supervisors were interviewed and confirmed that they conduct PREA rounds each shift. Additionally, the Chief of Security, Deputy Director/PREA Coordinator, and Director all conduct unannounced rounds at various intervals throughout the year. The auditors verified the documentation of the unannounced rounds in logbooks as well as through review of email documentation detailing unannounced rounds conducted by BRJD Administration.

**Compliance Determination:**

Based on the evidence discussed above the auditor has determined that the facility is in compliance with this standard and no corrective action is necessary.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.315:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Basic Skills Training and Position Qualifications Policy</li> <li>4. BRJD PREA Training Materials</li> <li>5. Document Review (Sample of Staff Training Records)</li> <li>6. Interview with PREA Coordinator, Chief of Security, and Director</li> <li>7. Interviews with Residents</li> <li>8. Interviews with Random Staff</li> <li>9. Interviews with Specialized Staff (Non-medical staff, Medical staff)</li> <li>10. Facility Site Review Observations</li> </ol> <p>115.315 (a)</p> <p>Responses on the Pre-Audit Questionnaire indicate that BRJD does not conduct cross gender strip searches or cross gender visual body cavity searches of residents; in the past twelve months there were zero cross-gender searches regardless of circumstance. BRJD PREA Policy, Section IX, Limits to Cross Gender Viewing and Searches (A) indicates that “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.”</p> <p>All staff interviewed were able to provide examples of what constitutes exigent circumstances (i.e. hurricane, tornado, fire, riot, etc.) but suggested that even in those circumstances they would not need to conduct cross-gender searches as the staffing plan allows for adequate coverage and searches to be conducted in accordance with policy. All of the residents interviewed confirmed that they have never been subject to cross gender searches. The auditor reviewed five resident files and found no documentation of cross-gender strip searches being conducted. Staff rosters support an appropriate male/female staff ratio that would not warrant the need for cross-gender searches. During interviews with the PREA Coordinator, medical staff, and non-medical staff all adamantly confirmed that cross-gender strip searches/cross-gender visual body cavity searches of residents, under any circumstance, are not conducted at BRJD.</p> <p>115.315 (b)</p> <p>As noted above, BRJD’s Pre-Audit Questionnaire and PREA Coordinator indicated that the facility does not conduct cross-gender pat-down searches of residents and had zero (0) cross-gender pat down searches in the past twelve (12) months. Interviews with staff indicated an understanding of exigent circumstances but still proffered that staff would allow for searches to be conducted based on gender according to facility policy. A review of five resident files found no documentation of cross-gender pat-down searches being necessary and/or conducted. A</p>

review of staff rosters supported an appropriate gendered staff ratio that would not warrant the need for cross-gender pat down searches.

115.315 (c)

BRJD policy and practice prohibits all forms of cross-gender searches, except in emergency situations. In such cases, the BRJD PREA policy dictates that, "all cross-gender searches shall be justified and documented by incident report and shall be conducted under video surveillance whenever possible." The facility conducted zero (0) cross-gender searches during the last twelve (12) months and therefore, there was no documentation available for review.

115.315 (d)

BRJD presented PREA Policy, Section IX, Limits to Cross Gender Viewing and Searches (B), indicating that "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."

During the facility site review, the auditor observed staff announcing their presence when entering the housing units. During interviews all staff and residents confirmed that staff announce themselves when entering a pod that houses residents of the opposite gender.

The auditor noted during the facility site review of the intake area and housing pods that the facility design supports privacy from staff during resident bathing, dressing, and toileting activities. The auditor verified that camera views do not expose residents when in areas of the shower or toilet. Interviews conducted with the PREA Coordinator and facility staff indicated a firm policy against cross-gender viewing. All interviewed residents stated they have not been subjected to cross-gender viewing, felt safe from inappropriate viewing and are afforded adequate privacy at all times, while in their room.

115.315 (e)

BRJD has verbiage annotated in PREA Policy, Section IX (C), which prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The policy further suggests that if a 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 a part of a broader medical examination conducted in private by a medical practitioner. Interviews conducted with the PREA Coordinator and twelve random staff confirmed facility operations prohibit the searching or physical examination of transgender or intersex residents for the sole purpose of determining the resident's genital status. The PREA Coordinator indicated that the facility did not house any transgender or intersex residents during the past twelve (12) months. A review of the files of the residents housed in the facility at the time of the on-site visit did not disclose any transgender or intersex residents for confirmation interview.

115.315 (f)

The PREA Coordinator and Chief of Security indicated to the auditor during interviews that they provide training to all new staff at the time of hire and provide refreshers/recertification for all staff annually. All interviewed staff affirmed the receipt of training on how to conduct cross-



gender, transgender, and intersex resident pat-down searches in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. This training is conducted using a PREA Resource Center approved video and PowerPoint produced by the Moss Group. Documentation of training is stored in each employee's training record and were identified in each of the staff files selected for document reviewed in conjunction with review of the supplied training rosters which indicated staff receipt of training per staff signature.

**Compliance Determination:**

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.316:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Proprio Over the Phone Interpreting Instruction Card</li> <li>4. PREA Orientation Video – Intake (Spanish)</li> <li>5. PREA Phones Poster (Spanish)</li> <li>6. PREA Resident Brochure (Spanish)</li> <li>7. PREA Poster Spanish</li> <li>8. Interview with PREA Coordinator</li> <li>9. Interview with Director (as Agency Head)</li> <li>10. Interviews with Residents</li> <li>11. Interviews with Random Staff</li> <li>12. Facility Site Review Observations</li> </ol> <p>115.316 (a)</p> <p>BRJD’s operations have incorporated appropriate procedures to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. BRJD PREA Policy, Section VII, suggests that “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.”</p> <p>This policy was corroborated during the auditor’s interview with BRJD’s Director wherein she indicated that the facility has a sign in intake that new intakes are asked to read aloud; doing so allows staff to evaluate the resident’s ability to read and understand written content; during the site review the PREA Coordinator also noted this practice and shared that it allows for staff to establish a baseline for resident ability. Staff then makes accommodations accordingly by providing access to alternative materials, interpreters, and staff assistance as needed. BRJD also has use of a language line through Proprio to connect with interpretive services.</p> <p>At the time of the on-site review there were no residents with disabilities or limited English proficiency to interview. The PREA Coordinator stated in the past twelve (12) months, there have been no residents housed in the facility with a hearing, vision, or speech disability that required assistance beyond what BRJD was able to accommodate.</p> <p>115.316 (b)</p> <p>BRJD takes practical steps to ensure meaningful access to all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents with limited English proficiency (LEP). During a resident’s intake process, LEP residents are processed by a bi-lingual staff member (or through use of the language line), they are informed of the PREA</p>

by use of a video that details their rights to be free from sexual abuse and sexual harassment (available in English and Spanish), and they are issued a sexual abuse and harassment brochure which outlines resident rights and reporting methods. The PREA review also includes the Zero Tolerance Policy, how to report allegations of sexual abuse/harassment, prohibited actions, and the grievance process. It was observed during the facility site review that there are numerous English and Spanish PREA posters located throughout the building, and reporting methods and instructions available in Spanish posted on each pod. A language line, provided by Proprio, allows phone interpretive services in 80+ languages. The facility website allows parents and other site visitors to use a translate button which provides access to all posted BRJD information, including PREA information, in 105 different languages.

At the time of the on-site visit, all residents were English proficient, and no interpretive services were necessary. The residents interviewed indicated to the auditor that they were familiar with the language line though they had not utilized it and they noted the availability of facility materials in Spanish.

115.316 (c)

BRJD PREA Policy, Section VII, denotes "Resident interpreters, resident readers, or other types of resident assistants shall not be used except in limited circumstances approved by the Superintendent." Per the PAQ response, there were zero instances in the past twelve months where resident interpreters, readers, or other types of resident assistants have been used. Interviews with random staff suggested that the facility employs several staff that are bi-lingual and that a resident interpreter would only be utilized in exigent circumstances that, without their use, would compromise the safety of the resident needing assistance.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1300 358">The following evidence was used to determine compliance for standard 115.317:</p> <ol data-bbox="252 369 1252 660" style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Pre-Hire and Pre-Promotion/Annual Evaluation PREA Questionnaire</li> <li>4. BRJD Background Check Requirements Log</li> <li>4. Interviews with Director and PREA Coordinator</li> <li>5. Interview with Human Resource Manager</li> <li>7. Review of Employee Personnel Files</li> </ol> <p data-bbox="252 705 406 739">115.317 (a)</p> <p data-bbox="252 750 1460 1041">BRJD PREA Policy, Section V, indicates “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.”</p> <p data-bbox="252 1097 1484 1388">The PREA Coordinator and Director affirmed that the facility will not hire or promote employees, nor contractors, who have contact with residents, who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 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 the activity just described.</p> <p data-bbox="252 1444 1484 1691">Throughout the audit, the auditor was afforded unfettered access to the facility’s personnel files (employee, contractor, and volunteer) to determine compliance with this provision. The auditor reviewed and confirmed that 100% of the employee personnel files contained criminal record background checks and allowed for confirmation that questions regarding past conduct were asked and answered at the time of hire or promotion through use of BRJD’s Pre-Hire and Pre-Promotion/Annual Evaluation PREA Questionnaire.</p> <p data-bbox="252 1736 406 1769">115.317 (b)</p> <p data-bbox="252 1780 1484 1982">During the auditor’s interview with Human Resources staff it was indicated that incidents of sexual harassment are given consideration when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents. Again, this information is gathered through background checks and completion of BRJD’s Pre-Hire and Pre-Promotion/Annual Evaluation PREA Questionnaire.</p> <p data-bbox="252 2038 1484 2150">The Pre-Audit Questionnaire revealed that 8 staff had been hired during the twelve (12) months preceding the audit. A review of five employee personnel files and once contractor file confirmed that questions were asked pertaining to incidents of sexual harassment and</p>

background checks were completed, suggesting that consideration for such matters is given to employees and contractors alike.

115.317 (c & d)

A review of personnel files confirmed that the background checks for the facility's employees were current and the facility has a procedure for keeping the background checks current. Human Resources provided the auditor an employee roster that indicated date of hire (initial background checks), date of 5-year background checks, and promotional background checks. The roster also included contractor and education staff background checks, which were also identified to be current. Employee files allowed the auditor to confirm that BRJD also consults the Child Abuse Registry and consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. All files were found to be compliant with this provision.

115.317 (e)

The initial auditor confirmed, through an interview with the Human Resources Manager, that BRJD conducts employee criminal background checks every five years and/or as a condition of employee promotion. As noted above Human Resources maintains an Excel spreadsheet to track when each employee's background check is up for renewal. The current auditor's review of applicable employee files indicated that the necessary five-year criminal background records checks were completed accordingly.

115.317 (f)

The auditor confirmed through an interview with Human Resources that BRJD asks all applicants specifically about previous misconduct described in § 115.317(a). The auditor reviewed employee files and determined that documentation completed by employees verified that the required questions were asked and answered by all applicants interviewed for hire and at the time of promotion. The BRJD Pre-Hire and Pre-Promotion/Annual Evaluation PREA Questionnaire highlights that, "BRJD imposes upon employees a continuing affirmative duty throughout their employment to disclose any such misconduct and failure to do so may result in termination."

115.317 (g)

The BRJD Pre-Hire and Pre-Promotion/Annual Evaluation PREA Questionnaire highlights that, "BRJD imposes upon employees a continuing affirmative duty throughout their employment to disclose any such misconduct and failure to do so may result in termination." The auditor's interviews with the Director, Human Resources, and the PREA Coordinator, indicated no employee had been terminated in relation to this provision. There were no such instances for the auditor to review.

115.317 (h)

The Director indicated to the auditor 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.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the

standard and no corrective action is required.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.318:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. Interviews with PREA Coordinator, Chief of Security, and Director</li> <li>3. Facility Site Review Observations</li> </ol> <p>115.318 (a) BRJD reported on the Pre-Audit Questionnaire there had been no expansion or modifications to the existing facility during the past twelve (12) months which would impact the facility's ability to protect residents from sexual abuse. Interviews with the Director, Chief of Security, and the PREA Coordinator confirmed there has been no expansion to the physical plant during the past twelve (12) months.</p> <p>115.318 (b) The PREA Coordinator, the Chief of Security, and the Director all reported there had been updates to cameras in the facility's video monitoring system. The update consisted of replacing several analog cameras with digital cameras and the addition of two cameras in the gymnasium and one in the greenhouse; the system consists of 68 cameras in total which are continuously monitored in the control room. The upgrade to digital cameras enhanced the clarity of "real-time" viewing and video recordings; DVR retention is typically between four and six weeks. The cameras offer comprehensive secondary monitoring of the residents, staff, and facility grounds as observed by the auditor during the facility site review. Additionally, bodycams have been issued to staff which record separately from the DVR system but allow for another vantage point during incidents when the bodycams are activated. The facility has installed Encartele monitors throughout the facility with rotating information which pertains to the PREA and Encartele phones on each unit for PREA reporting purposes. The recent upgrades enhance the facility's ability to ensure the sexual safety of the residents.</p> <p>Compliance Determination: Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.321:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interview with PREA Coordinator and Chief of Security</li> <li>4. Interviews with Medical and Mental Health Staff</li> <li>5. Review of MOU with Albemarle County Police Department</li> <li>6. Review of MOU with UVA Emergency Medical Department</li> <li>7. Review of MOU with Sexual Assault Resource Agency (SARA)</li> <li>8. Review of LCSW License for BRJD Clinician</li> <li>9. Phone Interview with UVA SANE/SAFE Staff</li> <li>10. Phone Interview with SARA staff</li> <li>11. Review of BRJD Sexual Assault Report Document</li> <li>12. Review of BRJD Property/Evidence Chain of Custody Form</li> </ol> <p>115.321 (a)</p> <p>BRJD conducts administrative investigations on all reported incidents of alleged sexual abuse and/or sexual harassment. All allegations of sexual abuse and/or sexual harassment that rise to the level of a criminal complaint will be reported to the Albemarle County Police Department for investigation. Those criminal allegations are also required to be reported to the Virginia Department of Juvenile Justice and the Albemarle County Department of Social Services Child Protective Services, per BRJD PREA Policy Section X (F). 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.</p> <p>Whether the allegation of sexual abuse or sexual harassment is investigated as an administrative investigation or the allegation is investigated as a criminal complaint, the facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and/or criminal prosecutions. The evidence protocol utilized by BRJD is noted in the BRJD PREA Policy, Section X(D) and their MOU with the Albemarle County Police Department. The auditor's interviews with the PREA Coordinator and the Chief of Security affirmed that all staff are trained on basic crime scene preservation and the methods required to secure potential evidence; namely that the area was to be secured as is, separate the alleged victim and abuser, ensure all parties avoid destroying evidence, and contact the ACPD who will take over the investigation and any required forensic evidence collection upon arrival. The same was confirmed both clearly and consistently, in interviews with all line staff and shift supervisors. Further, staff readily expounded upon a ready-stocked PREA Kit that contained all items needed to secure the area of an incident and the materials needed to gather, store, and/or preserve evidence until such time as it could be turned over to the investigative agency. Several of the staff indicated that part of their PREA training included</p>



viewing a video on evidence collection wherein they were to lay out a white sheet from the kit and have the victim and abuser undress while standing on the sheet to capture any evidence, secure the sheet and its contents in an evidence collection bag, not allow the victim or abuser to shower, maintain the separation of victim and abuser, and secure the scene. The auditor inquired about this practice to the PREA Coordinator and Chief of Security who confirmed that the video was shown but that the staff are not responsible for forensic evidence collection beyond securing the scene and maintaining the separation and safety of the victim and abuser until law enforcement arrives.

During the past twelve (12) months, there were no reported incidents of sexual abuse or sexual harassment that rose to the level of a PREA incident or that would be referred for a criminal investigation.

#### 115.321 (b)

BRJD's MOU with the ACPD states, "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. Interviews conducted with BRJD staff also determined that the protocols are developmentally appropriate for residents and that staff has been trained to respond accordingly.

#### 115.321 (c)

BRJD offers all residents that experience sexual abuse, access to forensic medical exams at an outside facility (forensic medical exams are not conducted onsite). As mandated in BRJD PREA Policy, Section XI, "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."

BRJD maintains an MOU with the University of Virginia Medical Emergency Department (UVA). 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 if a sexual abuse forensic exam becomes necessary.

Additionally, the auditor contacted UVA Medical Emergency Department via phone; they confirmed that they are responsible for conducting forensic medical examinations for the

facility and that there is a SANE/SAFE available at all times.

The PREA Coordinator and medical staff confirmed to the auditor that during the past twelve (12) month review period, there were no forensic medical exams performed as a result of a BRJD report of sexual abuse.

115.321 (d)

Again, BRJD's PREA Policy, Section XI (1), indicates that "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." The PREA Coordinator submitted to the auditor BRJD's MOU with the Sexual Assault Resource Agency (SARA) wherein they agree to provide victim advocates to any BRJD sexual assault victim/resident. If requested by the resident, the advocate will accompany and support the resident through the forensic medical examination process at UVA and investigatory interviews with ACPD or any other investigative agencies. The advocate will also provide the resident with confidential emotional support services as it relates to the sexual abuse, crisis intervention, information and referrals. The auditor contacted SARA and was able to confirm their relationship and service agreement with BRJD. BRJD also employs their own Licensed Clinical Social Worker who is available for mental health service provision and, if a victim advocate is not available from SARA when necessary, this clinician will be available to stand in as victim advocate; the clinician's active LCSW license was provided to the auditor for review.

115.321 (e)

This provision mandates that, as requested by the victim, the victim advocate, a qualified agency staff member or a qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process, investigatory interview and provide emotional support, crisis intervention, information and referrals; BRJD, as previously noted, has entered into a MOU with SARA for the provision of such services. No residents reported sexual abuse during the previous twelve months for verification of these services, however, interviews with the PREA Coordinator, SARA staff, and random BRJD staff confirmed the provision of mental health/emotional support services offered in-house and available through the Sexual Assault Resource Agency. A review of the MOU confirmed compliance with the tenants of the provision; SARA agrees to provide BRJD victims with confidential emotional support services related to sexual abuse and sexual harassment, serve as advocate for the victim during any procedures requested, provide emotional support, crisis intervention, information, and referrals.

115.321 (f)

BRJD PREA Policy, Section X (e) states, "For purposes of investigation, BRJD will only conduct initial inquiries of all reported incidents of sexual abuse, neglect and misconduct... 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." Per interview with the PREA Coordinator and review of the MOU with ACPD, each of these entities

will follow the requirements of provisions (a) through (e) of this standard to the extent possible given the facility's placement within their jurisdiction noting BRJD does not have the authority to dictate policy for these entities.

115.321 (g)

The auditor is not required to audit this provision.

115.321 (h)

This provision requires that a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. This provision is not applicable for BRJD as the facility attempts to make a victim advocate from SARA available to victims in accordance with 115.321(d) above.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.322:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Review of “Break the Silence” Brochure</li> <li>4. Review of BRJD Sexual Abuse Incident Report Form</li> <li>5. Review of MOU between BRJD and ACPD</li> <li>6. Interviews with Investigative Staff (PREA Coordinator, Chief of Security, and Director)</li> <li>7. Interviews with random staff</li> <li>8. Interviews with residents</li> <li>9. BRJD Website: <a href="http://www.BRJD.org">www.BRJD.org</a></li> <li>10. Facility Site Review Observations</li> </ol> <p>115.322 (a)</p> <p>BRJD PREA Policy Section X (F) dictates that, “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.” This information is also noted on the facility website, <a href="http://www.BRJD.org">www.BRJD.org</a>, wherein it 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.” Additionally, each resident is issued a copy of the facility’s “Break the Silence” brochure at intake; this publication outlines BRJD’s zero-tolerance policy, how to report, and with regard to this provision, that if a resident reports abuse they “will be believed and [their] case will be fully investigated.” Again, the MOU with the ACPD confirms their role, as well as the role of BRJD, in the investigative process.</p> <p>During the facility site review the auditor noted that the Break the Silence brochure and related PREA information was posted on each unit and throughout the building, as well as, in regular rotation on the Encartele televisions; as such, all residents interviewed confidently reported that BRJD takes allegations seriously and will follow through with investigations for all allegations. The auditor conducted interviews with a variety of facility staff, and, without question, it was consistently articulated that the facility has an obligation to maintain the safety of the resident(s) and an immediate investigation would be initiated into any allegation of sexual misconduct.</p> <p>The auditor interviewed staff who are a part of the Incident Review Team, including the PREA</p>

Coordinator, the Chief of Security, and the Director; they articulated an understanding of the importance of investigating any allegation of sexual abuse, sexual harassment, or sexual misconduct, to its logical conclusion. In the past twelve months there were zero allegations resulting in administrative and/or criminal investigation.

115.322 (b)

Again, BRJD's PREA Policy, Section X (F) indicates that, "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 MOU with ACPD further details that BRJD refers investigations to ACPD as they have the legal authority to conduct criminal investigations. The auditor contacted, and confirmed, Albemarle County Police Department is, in fact, the legal authority to conduct criminal investigations.

BRJD's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the facility's website, [www.BRJD.org](http://www.BRJD.org), as noted in §115.322(a). The website has a page dedicated solely to the PREA which is easily identifiable and user friendly in its presentation.

The auditor's interviews with BRJD staff and residents, as well as file reviews, indicated that while there were zero allegations of sexual abuse or sexual harassment referred for criminal investigation the need for such is given legitimate consideration would be documented accordingly on the facility's Sexual Abuse Incident Report Form.

115.322 (c)

As noted above, BRJD's MOU with ACPD describes the responsibilities of both BRJD and ACPD for conducting criminal investigations with regard to claims of sexual abuse at BRJD. ACPD agrees to follow a uniform evidence protocol, assume custody of forensic evidence, and will offer access to forensic medical exams. BRJD will consult and coordinate with ACPD to provide transportation to the medical exam and be responsible for any cost associated with the exam. BRJD will also make available a victim advocate from a rape crisis center to accompany the victim throughout the exam and investigative process at the victim's request. ACPD will provide any and all releases of information to the press and media.

115.322 (d)

The auditor is not required to audit this provision.

115.322 (e)

The auditor is not required to audit this provision.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.331	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Exceeds Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was used to determine compliance for standard 115.331:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interview with PREA Coordinator</li> <li>4. Interview with Chief of Security</li> <li>5. Interview with Human Resources</li> <li>6. Interviews with Random Staff</li> <li>7. Review of Personnel/Training Records</li> <li>8. BRJD PREA Training Materials</li> </ol> <p>115.331 (a)  BRJD PREA Policy, Section V (A), denotes, “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: 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.”</p> <p>The auditor’s interview with the PREA Coordinator, the Chief of Security, and a random sample of staff confirmed that the facility offers a comprehensive PREA Training curriculum that covers the eleven required components of this provision. 100% of the random staff interviewed reported that they had received PREA training and that they do so annually. The training is delivered through a variety of methods including PowerPoints developed by the MOSS Group, videos, a word match, “Myths and Misconceptions” discussion cards, communication scenarios, gender and sexuality definitions, red-flag training, and tools for responding to professional boundary issues. Staff reported that their annual training requirements included a minimum of three hours of PREA specific content along with additional hours of training in mandatory reporting, resident rights/prohibited actions, trauma training, and policy training. Documentation of training is stored in each employee’s training record and were identified in each of the five staff files selected for document review. Additionally, a roster of all staff and their training dates was provided to the auditor for review</p>	

and indicated that all staff had received PREA related training. There is also specialized training required for investigative staff, medical staff, and mental health staff and are offered through the National Institute of Corrections online program. Additional training records for these specialized categories were also reviewed by the auditor and verified complete.

115.331 (b)

BRJD PREA training is delivered through the various materials noted in §115.331(a) in keeping with BRJD PREA Policy, Section V(B), which indicates that “training is be tailored to the unique needs and attributes of residents and to the gender of the residents at BRJD.” During interviews, a random sample of staff were able to articulate a more than satisfactory understanding of PREA, the importance of the Act; and, their role in ensuring sexual safety in a confinement facility. Again, staff indicated PREA training is conducted annually and periodic refresher information is provided throughout the year as well; trainings were confirmed by the auditor through records review.

115.331 (c)

BRJD PREA Policy, Section V(B), suggests that “BRJD provides each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. During years in which an employee has not received refresher training, BRJD provides refresher information on current sexual abuse and sexual harassment policies.” In practice, BRJD exceeds this expectation by offering refresher training annually per responses on the pre-audit questionnaire and during interviews with the Chief of Security, PREA Coordinator, and Human Resources staff. Additionally, annual refresher training was confirmed in all five staff training files and by review of all staff training rosters. All BRJD employees interviewed by the auditor demonstrated thorough knowledge and understanding of the facility’s current sexual abuse and sexual harassment policies.

115.331 (d)

Each employee at BRJD has a training report which tracks training topics, hours of training, the date training was completed. The facility also maintains a signed roster from each training date. At the auditor’s request, the Chief of Security produced PREA training rosters for years 2017, 2018, and 2019. During personnel file reviews PREA training documentation was accounted for in each of the files and acknowledgement of training forms were confirmed signed.

Additionally, the staff that complete specialized training modules through the National Institute of Corrections (investigative staff, medical staff, and mental health staff) receive a certificate of completion at the end of each course. These certificates serve as electronic verification of training and are placed in their employee training file. These forms were confirmed in each of the pertinent staff files.

Compliance Determination:

BRJD provides comprehensive PREA training to all staff within the first month of hire and refresher training is offered annually. The training is offered through a variety of presentation styles, in conjunction with training on other facility standards, and is well documented. Staff were able to readily articulate concepts and practices from their PREA training.

Based on the evidence discussed above, the auditor has determined that the facility exceeds the standard and no corrective action is required.



<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.332:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Sexual Assault and Harassment A Guide for Staff, Contractors, and Volunteers</li> <li>4. Interview with PREA Coordinator</li> <li>5. Volunteer/Contractor Orientation Acknowledgement Form</li> <li>6. Review of Personnel/Training Files</li> <li>7. Review of Training Materials</li> </ol> <p>113.332 (a) BRJD PREA Policy Section VI, requires that “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.” In the past twelve months there were four volunteers/contractors, who had contact with residents, that were trained on the facility’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The auditor interviewed one volunteer/contractor via phone; that individual indicated awareness of BRJD’s zero tolerance policy, their duty to report, and how to make a report regarding sexual assault or harassment. Record review also indicated that all volunteers/contractors were issued a document entitled, “Sexual Assault and Harassment A Guide for Staff, Contractors, and Volunteers.”</p> <p>115.332 (b) BRJD PREA Policy Section VI continues, “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 auditor interviewed one volunteer/contractor who reported being trained on the facility’s zero-tolerance policy regarding sexual abuse and harassment and of the reporting requirements.</p> <p>115.332 (c) Also indicated in the BRJD PREA Policy, Section VI “The PREA Coordinator is responsible for maintaining documentation confirming the volunteer, intern, or contractor understands the instruction they have received.” All volunteers and contractors complete orientation and training and the PREA Coordinator retains documentation of their affirmation of receipt of orientation, acknowledgement of understanding of the facility’s zero-tolerance policy, and an annual review of policy.</p> <p>Compliance Determination: Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.333:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD PREA Resident Education Regarding Zero-Tolerance Form</li> <li>4. BRJD PREA Break the Silence Brochure (English/Spanish)</li> <li>5. BRJD Resident Guide to Addressing Sexual Misconduct</li> <li>6. PREA Juvenile Orientation Video (English/Spanish)</li> <li>7. PREA Posters (English/Spanish)</li> <li>8. Encartele Electronic Bulletin</li> <li>9. Interviews with residents and staff</li> <li>10. Resident File Review</li> <li>11. Facility Site Review Observations</li> </ol> <p>115.333 (a, c, &amp;d)</p> <p>BRJD’s PREA Policy Section VII indicates that “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... 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.”</p> <p>Per the PAQ, there were 160 residents admitted in the past twelve months. All residents are issued PREA information at intake in the form of a resident handbook, a brochure entitled, Break the Silence: A Teen’s Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment in Juvenile Detention (available in English and Spanish) and a list of prohibited actions at intake. This information is reviewed with the resident and the resident acknowledges, in writing, that he/she has been informed of BRJD’s 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. Full intakes are completed on every resident entering the facility regardless of program placement or transferring facility.</p> <p>All ten of the residents interviewed confirmed their receipt of PREA related information at intake; additionally, all five resident files reviewed by the auditor contained signature pages indicating their receipt of PREA related information at intake. Likewise, all staff interviews with the auditor indicted the issuance of PREA related information to all residents at the time of intake; materials are age appropriate in that they are written in plain language, staff also</p>

reviews information verbally with residents to ensure understanding of the presented materials. During resident interviews, each was able to identify one or more reporting methods for claims of sexual abuse and sexual harassment; residents noted these methods to include making a phone call to the PREA hotline on the resident phones, in writing/filing a grievance, and/or speaking with a trusted staff.

115.333 (b & e)

BRJD's PREA Policy Section VII continues, "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." Residents are also issued a brochure entitled, "Resident Guide to Addressing Sexual Misconduct, How to Identify and Address Sexual Misconduct" during their education session with the nurse. During the facility site review, the PREA Coordinator provided both the English and Spanish version of the "PREA Juvenile Orientation Video" produced by Phoenix Associates, Inc. in Fort Wayne, Indiana for review. The video is less than 12 minutes in length and designed to assist correctional and detention staff in the education of male and female juvenile offenders about sexual assault prevention and reporting procedures.

According to the PREA Coordinator, all residents receive a comprehensive PREA orientation during their intake process. During the intake process, a poster outlining the facilities zero tolerance policy, RPEA education process, and reporting methods is read to the resident. Then, within five days of admission (standards require that PREA education occurs within 10 days of intake), a similar discussion is conducted by the nurse during the residents physical assessment and the PREA Orientation is viewed and resident signs for receipt of this information on the Resident Education Regarding Zero-Tolerance Form. Again, all five resident files reviewed by the auditor indicated compliance with this provision and demonstrated that the PREA comprehensive education is completed within five days or less following intake. Residents reported to the auditor during random interviews that they had received PREA information at the time of their intake and again during their orientation/physical with the nurse within the first few days following their intake.

There were 160 residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake.

The auditor observed PREA posters located in the intake unit, the dining hall, classrooms, and on the resident housing pods. During interviews with the auditor, the residents were able to articulate BRJD's Zero Tolerance policy and their right to be free from sexual abuse, sexual harassment, and punishment or retaliation for making a complaint of sexual abuse/harassment for themselves or on behalf of other residents. The residents freely and confidently revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member, accessing the hotline, and/or in writing.

115.333 (f)

The auditor's facility site review confirmed that age appropriate PREA information is posted in various areas of the facility in English and in Spanish. This information is clearly accessible to residents, staff, contractors, volunteers, and visitors. In addition to printed posters and

informational handouts, BRJD utilizes an electronic bulletin board in each housing pod, classroom, and the facility entrance to display rotating informational screens including: PREA information, the Zero Tolerance policy, and excerpts from the resident handbook.

**Compliance Determination:**

Based on the auditor's review and analysis of BRJD policy, documents, resident and staff interviews, and the observations noted above, the auditor has determined that the facility substantially exceeds the requirements of this standard and no corrective action is required.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.334:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. Review of Employee Training Files</li> <li>3. Interviews with Investigative Staff</li> <li>4. National Institute of Corrections Website: <a href="https://nicic.gov">https://nicic.gov</a></li> </ol> <p>115.334 (a)</p> <p>In addition to the general training provided to all employees in §115.331, BRJD requires that their (administrative) investigators are trained in conducting sexual abuse investigations in confinement settings. The BRJD investigative team is comprised of facility administrators, which include the PREA Coordinator and the Chief of Security. Interviews with the investigative team members informed the auditor that this additional training is completed online through the National Institute of Corrections; documentation was provided for confirmation of their training by way of their certificate of completion for “PREA - Investigating Sexual Abuse in a Confinement Setting and PREA: Your Role Responding to Sexual Abuse” The PREA Coordinator noted that BRJD only conducts administrative investigations into allegations of sexual abuse and/or sexual harassment; and, reiterated that any allegations that may rise to a criminal complaint per PREA Standard 115.321 and 115.322, are referred to the Albemarle County Police Department for investigation.</p> <p>115.334 (b)</p> <p>During the interviews with the BRJD investigators they affirmed that they had received specialized training and were able to describe their training, which included how to respond to allegations of sexual abuse and sexual harassment, methods/techniques for speaking with victims, protocol for evidence collection, and the criteria and evidence required to substantiate a case for administrative action or referral for criminal investigation/prosecution referral. BRJD investigators pointed out that the Albemarle County Police Department is responsible for investigations of a criminal nature, that BRJD staff to not have the authority to Mirandize (however, they are familiar with Miranda and Garrity rights) and that evidence collection would be handled by the ACPD (BRJD’s responsibility would be to secure the scene and preserve evidence until the time of collection by the appropriate authorities). File review allowed for verification of the specialized investigative training received by the members that comprise the Incident Review Team. The Incident Review Team is charged with conducting an administrative investigation into all allegations of sexual abuse/harassment. Each member of the Incident Review Team received the following training, which was documented by a Certificate of Completion, issued by the National Institute of Corrections.</p> <ul style="list-style-type: none"> <li>• PREA - Investigating Sexual Abuse in a Confinement Setting</li> <li>• PREA: Your Role Responding to Sexual Abuse</li> </ul> <p>Although the auditor was not able to specifically verify the elements of the NIC training courses taken by the Incident Review Team, the National Institute of Corrections (NIC) is an agency within the U.S. Department of Justice. The National Institute of Corrections’ website states, “The Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79) was enacted by Congress to</p>

address the problem of sexual abuse of persons in the custody of U.S. correctional agencies...The National Institute of Corrections has been a leader in this topic area since 2004, providing assistance to many agencies through information and training resources.” NIC is fully recognized for training, technical assistance, information services, and policy/program development assistance to federal, state, and local corrections agencies. In addition, NIC supports PREA through its PREA Learning Center, which offers numerous PREA related e-learning courses. In interviews/discussions with the members of the Incident Review Team the auditor was satisfied with the level of knowledge and competence of the team to conduct a satisfactory administrative investigation.

115.334 (c)

BRJD maintains the documentation that both members of their Incident Review Team completed the required specialize training in conducting sexual abuse investigations; specific certifications listed in §115.334(b). Certificates of completion, issued by the National Institute of Corrections, were uploaded in the Pre-Audit Questionnaire and were also viewed in the employee’s training file.

115.334 (d)

Auditor is not required to audit this provision.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.335:</p> <ol style="list-style-type: none"> <li>1. BRJD Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Review of Employee Training Files</li> <li>4. Interviews with Specialized Staff (Medical and Mental Health)</li> <li>5. Interview with PREA Coordinator</li> <li>6. National Institute of Corrections Website: <a href="https://nicic.gov">https://nicic.gov</a></li> </ol> <p>115.335 (a)</p> <p>BRJD PREA Policy, Section V (e &amp; f) states “BRJD does not conduct formal sexual abuse interviews or investigations. Although medical and mental health staff receive instruction in this topic area, BRJD has entered into an MOU with the Albemarle County Police Department to conduct such investigations... BRJD does not conduct forensic exams. Although medical and mental health staff receive instruction in this topic area, BRJD has entered into an MOU with the University of Virginia Hospital to conduct such exams.” At the time of the audit, there were two medical and mental health care practitioners who work regularly at the facility, both had received the required training.</p> <p>The auditor was able to verify through interviews and file review that the facility’s medical and mental health staff had received the basic PREA training and completed specialized training through NIC. Both the medical and mental health staff answered affirmatively to questions about training topics including: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. BRJD provided documentation of the specialized training received by the facility’s medical and mental health professionals, which was verified by the issuance of a Certificate of Completion from the National Institute of Corrections, stored with their training records. Both of their files contained a certificate of completion for each of the following NIC courses:</p> <ul style="list-style-type: none"> <li>• PREA: Investigating Sexual Abuse in a Confinement Setting</li> <li>• PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting</li> <li>• PREA: Your Role Responding to Sexual Abuse</li> </ul> <p>Additionally, the facilities physician and psychiatrist completed the required basic PREA training for contractors as well as specialized training for medical and mental health care practitioners as verified by certificates of completion provided to the auditor.</p> <p>115.335 (b)</p> <p>The BRJD nurse, mental health staff, and the PREA Coordinator all attested that the BRJD medical staff does not conduct forensic examinations, rather they utilize Sexual Abuse Forensic Examiners (SAFE) or Sexual Abuse Nurse Examiners (SANE) provided by UVA for any necessary forensic examinations, as referenced in 115.321(c).</p>

115.335 (c)

BRJD maintains the documentation that all staff who provide medical and mental health services had completed the required specialized training; specific certifications listed in §115.335(a). Certificates of completion, issued by the National Institute of Corrections, were viewed in the employee training files provided to the auditor.

115.335 (d)

BRJD's medical and mental health staff receive the training mandated for employees under §115.331, which includes training on the facility's zero tolerance policy, how to report such incidents, and sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Again, the nurse and the mental health staff confirmed that they have had the basic PREA training and the additional specialized NIC training modules specific to medical and mental health care and that the facility maintains documentation of this training.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.



115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination for standard 115.341:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Resident Screening for Risk of Sexual Victimization or Abusiveness</li> <li>4. Mental Health Interview Protocol</li> <li>5. Interview with Director, PREA Coordinator, and Chief of Security</li> <li>6. Interviews with Specialized Staff (Intake, MH, Screening)</li> <li>7. Interviews with Residents</li> <li>8. Facility Site Review Observations</li> <li>9. Resident File Review</li> </ol> <p>115.341 (a)</p> <p>Section VIII of the BRJD PREA Policy requires that " 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."</p> <p>Five comprehensive resident files were reviewed; the auditor verified that all required PREA documentation were appropriately completed with dates and signatures. The completion of these assessments occurs each time a resident is admitted into the facility regardless of the number of times such admissions take place. During interviews with ten residents, all residents affirmed that they recall being asked questions during their intake/first week of detainment regarding any history of sexual abuse, their gender identity, any disabilities, and other PREA related information. They also recollected reassessments being completed at various points throughout their detainment by the nurse, mental health staff, and if/when they transitioned into a specific program (i.e. – Post-Dispositional Program, Community Placement Program, etc.). The auditor had the occasion to interview a resident who had been remanded to the facility for an extended period of time. The resident conveyed a satisfactory knowledge of the reasons for the intake assessment(s) and indicated that they recalled the assessments being completed at admission and as they transitioned to one of the facility’s state operated programs.</p> <p>Mental Health staff are typically responsible for 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; if/when this occurs, Mental Health staff will review the assessment on their next work day. The vulnerability status of every resident is reviewed weekly at the facility’s Programs meeting; any new information, incidents or, threats of sexual</p>

abuse or sexual harassment would trigger a reassessment.

115.341 (b)

As noted above, BRJD utilizes an objective screening instrument to complete vulnerability Assessments, the Resident Screening for Risk of Sexual Victimization or Abusiveness assessment and through the Mental Health Interview Protocol. These screenings were identified in each of the five resident files reviewed during the audit process.

115.341 (c)

As noted in the BRJD PREA Policy, Section VIII, "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."

Each of these criteria were identified by the auditor through review of the assessment tools and verified as complete in each of the resident files reviewed during the audit process.

115.341 (d)

To gather the necessary information referenced in 115.341 (c), BRJD intake staff utilize multiple resources. One of the supervisors indicated to the auditor that most of the intake information gathering is based on resident self-report, however, paperwork submitted by the referring agency, information contained in the juvenile tracking system, or that gleaned from past admissions are also utilized to ensure an accurate resident assessment. The PREA Coordinator indicated during the facility site review that during the intake process staff verbally engages with the resident, explaining the purpose of each assessment and how the information would assist in keeping the resident safe while providing the services the resident needed at the facility.

115.341 (e)

BRJD does ensure that sensitive information is not exploited to resident's detriment by staff or other residents by securely filing all assessment documentation in the resident files. BRJD PREA Policy, Section VIII, dictates that "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. [Furthermore] 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.” In response to the auditor’s inquiry about who in the facility has access to a resident’s risk assessment, the PREA Coordinator indicated that supervisors, mental health clinicians/case managers, and facility administration have access to the secure assessments, which are stored in a locked cabinet in the administration area.

**Compliance Determination:**

Based on review of BRJD policy and documentation, facility site review observations, and interviews with residents and staff, the auditor has determined that no corrective action is needed; the facility has met the standard.

<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination for standard 115.342:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Resident Roster</li> <li>4. Interview with Director and PREA Coordinator</li> <li>5. Interviews with Specialized Staff (Screening, Supervise Isolation, Medical, and MH)</li> <li>6. Interviews with Targeted Residents</li> <li>7. Facility Site Review Observations</li> <li>8. Resident File Review</li> </ol> <p>115.342 (a)</p> <p>BRJD indicated in their response to the PAQ that the facility uses the information from the vulnerability assessment as required by standard 115.341 to inform housing, bed, program, education and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>BRJD PREA Policy, Section IX, addresses resident classification and housing assignments, stating, “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.” During the auditor’s interview with the PREA Coordinator, he indicated that the PREA vulnerability screenings, mental health screenings, and the MAYSI completed at intake are all used to determine the safest place for residents to be housed within the facility.</p> <p>115.342 (b)</p> <p>With regard to isolation, BRJD PREA Policy, Section IX, 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.”</p> <p>Responses in the PAQ indicate that zero residents at risk of sexual victimization were placed</p>

in isolation to protect them from sexual victimization in the past 12 months, accordingly, none were denied daily access to large muscle exercise, and/or legally required education or special education services.

The facility Director shared that she is aware that if a resident were to require isolation they are mandated to have access to programs, privileges, education, and work opportunities. During an interview with the nurse, she shared that she would check in daily with residents in isolation and more frequently if medical intervention or treatment were necessary. Mental health staff indicated that the clinician and/or case managers are responsible for daily check-ins with residents in isolation as well to assess for safety and provision of counseling services.

#### 115.342 (c)

Regarding lesbian, gay, bisexual, transgender, and intersex residents, BRJD PREA Policy, Section 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." During interviews, a youth who identifies as LGBTI reported not being assigned to a housing pod based on orientation; a review of the pod roster supported the resident's conclusion as did observations made during the facility site review. The PREA Coordinator verified compliance with this provision as well noting that housing assignments are based on observations and calculations from a range of assessments at intake (and intermittently throughout their detainment) not simply, the resident's gender identity or orientation. A review of the Vulnerability Assessment demonstrates that LGBTI status is only one of the factors considered in determining not only housing assignments but also vulnerability overall.

#### 115.342 (d)

There were no transgender or intersex residents at the facility on the day of the audit, however, the PREA Coordinator affirmed, in keeping with BRJD PREA Policy, Section IX, that "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." The PREA Coordinator and various staff responsible for intakes affirmed that BRJD does not have special housing pods for LGBTI residents and residents that identify as transgender or intersex would be asked where they would feel most comfortable/safest and complete a preference form to document their request.

#### 115.342 (e)

The PREA Coordinator indicated that the facility has not had any transgender or intersex residents in the twelve months prior to the audit. He further suggested that should either be admitted in the future, policy (BRJD PREA Policy, Section IX) dictates that, their housing and programming assignments will be reassessed at least twice a year to review any threats to safety experienced by the resident; more frequently as necessary.

#### 115.342 (f)

BRJD PREA Policy, Section IX, requires that the facility give serious consideration to a transgender or intersex resident's own view with respect to his or her own safety. As noted in 115.342(d), the PREA Coordinator confirmed this practice during his interview with the auditor.

There were no transgender or intersex residents to interview onsite nor was there any documentation to review regarding this practice as there had been no transgender or intersex residents admitted to the facility in the past 12 months.

115.342 (g)

During the facility site review the auditor was made aware through conversation with random staff, residents, and through personal observation of the space, that all resident showers are conducted individually and with privacy, including those of transgender and intersex residents. This practice is further supported by BRJD PREA Policy, Section IX, which states, "As with all BRJD residents, transgender and intersex residents will shower separately from each other."

115.342 (h)

The PAQ reports that there were zero residents held in isolation, due to being at risk of sexual victimization, in the twelve months prior to the on-site portion of the audit (therefore there were no case files to review). However, there is policy in place, BRJD PREA Policy, Section IX, which states, "If isolation must be utilized BRJD will clearly document (i) the basis for BRJD's concern for the resident's safety, [and] (ii) the reason why no alternative means of separation can be arranged."

115.342 (i)

BRJD PREA Policy, Section IX, continues indicating that BRJD will conduct "a review every 30 days to determine whether there is a continuing need for separation from the general population" for any resident that is in isolation pursuant to the above provisions. No staff had completed this review/determination as there had been no residents placed in isolation during the twelve months preceding the audit. If this review were to occur, it would be documented accordingly in the resident's case file.

Compliance Determination:

Based on the auditor's review and analysis of BRJD policy, documentation, resident and staff interviews, and the observations notes above, the auditor has determined that the facility is in compliance with this standard.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.351:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Resident Manual</li> <li>4. BRJD Sexual Misconduct and Harassment: A Guide for Staff, Contractors, and Volunteers</li> <li>5. PREA Poster: A Guide for Employees to Report Child Abuse</li> <li>6. Interviews with Random Sample of Staff</li> <li>7. Interviews with Residents</li> <li>8. Interview with PREA Coordinator</li> <li>9. Facility Site Review Observations</li> </ol> <p>115.351 (a)</p> <p>BRJD has established procedures allowing for multiple internal ways for residents to report privately to facility officials about: 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. Per the resident handbook, BRJD PREA Policy (Section X.B.), and the BRJD website, BRJD accepts reports concerning the above matters verbally, in writing, anonymously, and from third parties. Residents are encouraged to tell a staff member or other trusted adult, use the pod phone to complete a toll-free call for reporting purposes, or contact the Department of Juvenile Justice and/or Child Protective Services. The handbook is readily accessible to all residents following its issuance at intake. Reporting methods are notable throughout the facility, as the auditor observed during the facility site review, PREA information and reporting methods are posted on each housing pod, classrooms, and in regular rotation on the encartele television on each pod and in the lobby.</p> <p>During random resident interviews, 10 residents were able to name at least one reporting method, to include: telling a supervisor, talking to a trusted staff, and/or filling out a grievance form.</p> <p>All random staff interviewed reported the same methods adding, reporting directly to administration or a mental health clinician/case manager. All parties reported that this information was shared with residents at intake, residents acknowledged the handbook containing PREA reporting information, the visibility of PREA posters throughout the facility, and the availability of pod phones for reporting purposes.</p> <p>115.351 (b)</p> <p>BRJD PREA Policy, Section X(B) indicates, "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</p>

the Department of Homeland Security.”

As noted above, during the facility site review, the auditor identified multiple locations throughout the facility where information was posted which outlined all methods for reporting, including ways for residents to report abuse or harassment to a public or private entity or office 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. In addition to the in-house reporting methods (telling staff, completing a grievance form, informing administration) residents can also report through third parties such as family members, attorneys, or hotline numbers which include: the Virginia Department of Juvenile Justice, CPS, SARA, and the Child Abuse and Neglect Hotline.

During each of the ten resident interviews, all were able to name at least one reporting method to an outside entity, to include: calling the hotline, telling their probation officer or attorney, and/or sharing with a family member who can report on their behalf. All random staff interviewed reported the same methods adding: informing DJJ, calling CPS, or SARA. The PREA Coordinator shared that the facility’s phone system (Encartele) sends all telephonic PREA reports immediately to administration email. He further indicated that there were no PREA reports made via the telephone in the past 12 months.

#### 115.351 (c)

All ten residents shared their awareness of being able to make reports verbally, in writing, anonymously, and through third parties. The PREA Coordinator and 100% of the staff interviewed confirmed that these reporting methods were all acceptable and that they would document receipt of all reports, immediately. This practice is supported by BRJD PREA Policy, Section X (B), which dictates, “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.”

#### 115.351 (d)

BRJD PREA Policy, Section X (B) dictates that BRJD staff shall “Provide residents with access to tools necessary to make a written report.” In relation to a resident reporting child abuse, neglect, sexual abuse, sexual harassment or retaliation, BRJD makes available a grievance form for written reports. Residents shared with the auditor that, upon request, staff would provide a grievance form and writing instruments to complete a written report and that they also had access to the phone system; none of the current residents had filed a grievance related to sexual misconduct. Staff indicated also indicated that residents have access to multiple staff daily, including medical and mental health staff, should they want to make a verbal report.

#### 115.351 (e)

With regard to reporting child abuse or neglect, sexual abuse, sexual harassment, and



retaliation, the BRJD PREA Policy, Section X(B), requires that BRJD “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).” BRJD’s employee poster entitled, “A Guide for Employees to Report Child Abuse” was noted in the hallway during the facility site review. The posting reminds staff of their mandated reporter status, shares how to report, and outlines what happens after a report is made.

Staff reported during random interviews that they knew of several private methods available to them to report sexual abuse or sexual harassment of residents. Those methods included informing their supervisor or administration, calling the posted hotline number, contacting the ACPD, and/or CPS. The PREA Coordinator also indicated that this information is reviewed during annual training.

**Compliance Determination:**

Based on the auditor’s review and analysis of BRJD policy, documentation, resident and staff interviews, and the observations notes above, the auditor has determined that the facility is in compliance with this standard.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.352:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD Resident Grievance Procedure</li> <li>3. BRJD PREA Policy</li> <li>4. BRJD Resident Manual</li> <li>5. Review of BRJD Website: <a href="http://www.BRJD.org">www.BRJD.org</a></li> </ol> <p>115.352 (a) BRJD has an administrative procedure for dealing with resident grievances regarding sexual abuse which is outlined in PREA Policy, Section X (E), and the BRJD Resident Grievance Procedure. The resident handbook also outlines the grievance process for residents and is readily accessible to them at all times.</p> <p>115.352 (b) BRJD allows a resident to submit a grievance regarding an allegation of sexual abuse at any time. BRJD’s Resident Grievance Procedure does indicated that, “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 investigation.” The PREA Coordinator shared with the auditor that if a grievance were filed alleging sexual abuse or harassment then the PREA procedures would be initiated immediately.</p> <p>115.352 (c) BRJD PREA Policy, Section X(B), suggests that “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.” The resident handbook includes information about the grievance process, highlighting that it is a resident’s right to do so, staff are available to assist in completing a grievance if necessary, and the grievance process is posted on each housing pod.</p> <p>115.352 (d) BRJD PREA Policy, Section X(B) requires that: “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.” Additionally, BRJD Resident Grievance Procedure further specifies “(1) BRJD shall issue a final agency decision on the merits of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period shall not include time consumed by the residents in appealing any adverse ruling. (3) BRJD may claim an extension of time to respond, of up to 70 day, if the normal time period for response is insufficient to make an appropriate decision. (4) BRJD shall notify the resident in writing of any such extension and provide a date by which a decision will be made.” There were no grievances alleging sexual abuse reported during the twelve months preceding</p>

the on-site audit.

115.352 (e)

BRJD PREA Policy, Section X(B) suggests that “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.”

A review of the facility website allowed the auditor to verify that the process of reporting alleged sexual abuse and sexual harassment via a third-party was available to the public. BRJD reported that there were zero third party reports alleging sexual abuse in the past twelve months.

115.352 (f)

Per BRJD Resident Grievance Procedure, “(1) BRJD shall establish procedures for the filing of an emergency grievance where a resident is subjected to a substantial risk of imminent sexual abuse. (2) After receiving such an emergency grievance, BRJD shall immediately forward it to a level of review at which corrective action may be taken, provide an initial response within 48 hours, and a final agency decision within 5 calendar days.” The PREA Coordinator reported that there have been no emergency grievances alleging risk of imminent sexual abuse during the twelve months preceding the on-site audit.

115.352 (g)

BRJD PREA Policy, Section XVI (F), notes that “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.” This sentiment is also made clear to residents in the resident manual wherein “Lying and / or Falsely Accusing Another in an Official Investigation” is clearly identified as a facility offense. The facility PAQ responses indicate that there have been no grievances alleging sexual abuse that resulted in disciplinary action by the agency against a resident for having filed a grievance in bad faith.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.353:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD PREA Phone Poster (English and Spanish)</li> <li>4. BRJD PREA Resident Brochure “Break the Silence” (English and Spanish)</li> <li>5. BRJD Residents Guide to Addressing Sexual Misconduct</li> <li>6. BRJD Resident Manual</li> <li>7. BRJD and SARA MOU</li> <li>8. Interviews with residents and staff</li> <li>9. Interviews with PREA Coordinator, Chief of Security, and Director</li> <li>10. Facility Site Review Observations</li> </ol> <p>115.353 (a-d)</p> <p>The PREA Coordinator and Director verbalized during on-site interviews that BRJD provides residents with access to outside victim advocates through the Sexual Assault Resource Agency (SARA), for ongoing emotional support services for residents of sexual abuse. The auditor verified the current MOU between BRJD and SARA; in which, “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 auditor conducted a telephone interview with a SARA staff who confirmed that BRJD and SARA maintain a positive working relationship.</p> <p>All residents are issued a PREA Brochure entitled “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; both documents provide contact information (address and phone number) for SARA and the Albemarle County DSS. Contact information for these service providers are also notated on the phone posters located by the resident phone on each pod.</p> <p>All of the residents interviewed noted that they were aware of available outside support Services; seven were able to identify specific resources including SARA and DSS, three of the interviewed residents were unable to name any agency specifically, but they knew where to find the information.</p> <p>BRJD’s PREA Policy, Section XII (A-B), indicates that, “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</p>

residents and these organizations and agencies, in a confidential a manner as possible. These telephone calls are not recorded. 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.” Additionally, BRJD PREA Policy goes on to indicate, “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.” All residents confirmed that the phone system provided free access to a rape crisis/reporting line and advocacy services, that telephone calls regarding abuse reports are not recorded. One resident reported her awareness that a message could be confidential, but that administration is alerted to abuse reports when filed.

The auditor visually inspected the areas designated to phone use, visitation, and PO/Attorney visits; they provide adequate privacy while still allowing for visual monitoring by facility staff for security purposes. During interviews the residents confirmed that they felt as though they had reasonable and private access to their parents/legal guardians and professional visitors; they also acknowledged their ability to access these individuals in person, via phone, and/or in writing.

**Compliance Determination:**

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

<b>115.354</b>	<b>Third-party reporting</b>
	<p data-bbox="252 170 928 203"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1305 360">The following evidence was used to determine compliance for standard 115.354:</p> <ol data-bbox="252 371 718 573" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD Website: <a href="http://www.BRJD.org">www.BRJD.org</a></li> <li>3. Interview with PREA Coordinator</li> <li>4. BRJD Parent Letter</li> <li>5. Facility Site Review Observations</li> </ol> <p data-bbox="252 629 405 663">115.354 (a)</p> <p data-bbox="252 674 1458 875">The PAQ and PREA Coordinator indicated BRJD has established various methods to receive third-party reports of sexual abuse and sexual harassment; these methods include in writing, verbally, telephonically, and anonymously. Furthermore, BRJD makes these reporting methods known to the public via their website and include names, addresses, and phone numbers for various entities to whom reports can be made.</p> <p data-bbox="252 931 1481 1223">Additionally, BRJD mails a letter to the parent/guardian of each resident upon admission. The letters contain information about the facility's zero-tolerance policy. Parents are also encouraged to help maintain a safe environment by reporting any alleged abuse directly to the following individuals/agencies: BRJD Director, Deputy Director/PREA Coordinator, Chief of Security and/or the Albemarle County Department of Social Services; the letter provides addresses and phone numbers for each. This information is also available on the facility website, found at <a href="http://www.BRJD.org">www.BRJD.org</a>, and on the encartele televisions in the lobby.</p> <p data-bbox="252 1267 609 1301"><b>Compliance Determination:</b></p> <p data-bbox="252 1312 1439 1559">BRJD provides multiple avenues for third-party reporting. Information about how to do so is available through letters sent to parents/guardians, on the facility website, shared during intake phone calls, and posted throughout the facility. Methods for reporting are offered to residents, staff, families, visitors, and professionals in multiple capacities be it in writing, verbally, or telephonically wherein the reporter can choose to be identified or remain anonymous.</p> <p data-bbox="252 1615 1417 1693">The auditor has determined that the facility substantially exceeds the requirements of this standard and no corrective action is necessary.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.361:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Policy Mandated Reporting of Child Abuse and Neglect</li> <li>4. Review of Documentation: Incident Review Reports</li> <li>5. Interview with Director and PREA Coordinator</li> <li>6. Interviews with Random Sample of Staff</li> <li>7. Interviews with Medical and Mental Health Staff</li> </ol> <p>115.361 (a) BRJD PREA Policy, Section A, requires that all employees are responsible for “Immediately reporting any known or suspected act or allegation of sexual assault or retaliation to the facility administrators; and, providing complete cooperation and full disclosure during any inquiry or investigation into an alleged act of sexual assault or retaliation.” Additionally, all employees are required to report illegal/criminal activity in accordance with BRJD’s Policy on Mandated Reporting of Child Abuse or Neglect.</p> <p>During all staff interviews, it was made clear to the auditor that staff had received training and understand their role as mandated reporters; they each shared that they would report any knowledge, suspicion, or information related to sexual abuse, harassment, retaliation for reporting, and/or neglect immediately to the appropriate parties and document such reports accordingly.</p> <p>115.361 (b) As noted above, all BRJD staff are mandated reporters, receive training as such, and are required to comply with any applicable mandatory child abuse reporting laws as outlined in BRJD Policy Mandated Reporting of Child Abuse and Neglect. Training records indicate that 100% of staff are trained on mandatory reporting. All random staff interviewed explained their understanding of what it meant to be a mandated reporter and that the limits of confidentiality was shared with residents at intake.</p> <p>115.361 (c) BRJD PREA Policy, Section B(7), dictates that administrators, program managers, clinicians, case managers, medical staff, supervisors and direct care staff are responsible for “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.” Staff are to treat all incidents and allegations seriously and report them immediately to BRJD administration, who will then, if indicated, report to Albemarle County DSS, ACPD, and/or DJJ. All incidents will also be reported to the parent/guardian, child welfare caseworker or court of jurisdiction. Interviews with staff suggest that they understand and respect the sensitive nature of such reports.</p>

115.361 (d)

BRJD medical and mental health practitioners, like all other facility employees, are required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this standard, as well as to the designated State or local services agency where required by mandatory reporting laws. Training on mandated reporting requirements was recorded in each of the medical and mental health staff files as confirmed by the auditor. The medical and mental health staff stated that they did inform residents of the limits of confidentiality as mandated reporters and obtained informed consent from residents over the age of eighteen.

115.361 (e)

As noted above in 115.361(c), upon receiving any allegation of sexual abuse, BRJD PREA Policy requires that BRJD administration is responsible for notifying the appropriate agency offices, including the ACPD, DSS, and/or DJJ, and the alleged victim's parents/legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report would be made to the alleged victim's caseworker instead of the parents or legal guardians; and, the court of jurisdiction. The PREA Coordinator and Director affirmed this practice, and it's immediate occurrence following receipt of allegation, during their interviews with the auditor and added that the resident's attorney would also be made aware.

115.361 (f)

BRJD PREA Policy requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The facility's designated investigators are the Deputy Director/PREA Coordinator and the Chief of Security, as referenced in §115.334(a). Each of the random staff interviewed were able to identify at least one facility investigator; they recognized that administrative investigations remain in-house while criminal investigations are turned over to the ACPD. The PREA Coordinator, as one of the investigators, stated that he is to be notified of all allegations involving sexual abuse. There were no allegations of sexual abuse or harassment at BRJD in the twelve months preceding the current audit.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.



<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.362:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interviews with BRJD Director and PREA Coordinator</li> <li>4. Interview with Random Sample of Staff</li> </ol> <p>115.362 (a)</p> <p>When BRJD staff learn that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident. BRJD PREA Policy, Section B(5), requires that staff ensure “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.”</p> <p>The Director and PREA Coordinator, shared with the auditor that all staff are trained to take immediate action to protect the safety of youth. During random staff interviews, every staff member knew exactly what to do if they were to become aware of a resident being at risk of imminent sexual abuse. They stated that they would immediately separate the alleged victim from the alleged perpetrator, inform the supervisor on duty, and maintain a greater level of supervision to ensure safety and limit victimization of the youth. Residents can be moved to a different pod if necessary. The PAQ responses indicate that, in the past twelve months, there were zero instances wherein the facility determined that a resident was subject to substantial risk of imminent sexual abuse.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.363:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interviews with BRJD Director and PREA Coordinator</li> </ol> <p>115.363 (a) BRJD PREA Policy, Section III(C), requires that “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 PREA Coordinator reported that there have been zero allegations of this kind reported in the past twelve months, thus no notifications to other facilities have been necessary. The Director confirmed her understanding of this requirement and indicated that she would report as necessary should an allegation of this kind ever be made.</p> <p>115.363 (b) The Director acknowledged, in accordance with facility policy noted above, that notification of alleged abuse reported from another facility will be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>115.363 (c) The BRJD Director indicated that documentation will be made whenever there is notification to another facility regarding allegations of abuse. She shared that no such allegations have been made in the past twelve months so there was no documentation available to review regarding adherence to this expectation.</p> <p>115.363 (d) Again, as noted above in provision (a) of this standard, BRJD PREA Policy requires that “if BRJD receives an allegation from other agencies or facilities, such allegations will be investigated in accordance with PREA standards.” The Director indicated that there have been zero notifications made to BRJD regarding allegations of sexual abuse that occurred while a resident was at BRJD; however, she assured the auditor that if ever such notification were received, a full investigation would be initiated in keeping with PREA standards.</p> <p><b>Compliance Determination:</b> Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.364:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interview with PREA Coordinator</li> <li>4. Interviews with Staff First Responders</li> <li>5. Review of Employee Training Records</li> <li>6. Review of Volunteer and Contractor Training Records</li> </ol> <p>115.364 (a)</p> <p>BRJD PREA Policy, Section X, addresses first responder duties and responsibilities. Subsection C of this policy dictates that “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.”</p> <p>BRJD’s PREA Policy, Section X(D), continues to expound upon the preservation of evidence stating, “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</p>

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). (e) 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.”

As reported by the PREA Coordinator and confirmed through review of employee training records, all BRJD staff are trained as first responders and responsible for certain actions when responding to an incident of alleged sexual abuse, misconduct, or neglect. The auditor interviewed twelve staff who are charged with first responder duties. Each of them was able to articulate their understanding of first responder duties and describe the procedures that are required of them to protect residents and preserve the crime scene; staff training related to these duties is outlined in §115.321(a). Staff shared with the auditor that they are not responsible for actual evidence collection, that is conducted by ACPD; they are required to fully document all knowledge and actions taken regarding allegations of abuse. Despite there being zero allegations made in the past twelve months, staff were well versed in their responsibilities should such an occasion ever arise.

115.364 (b)

If the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff, again, per BRJD PREA Policy, Section X(C&D). As all BRJD staff are trained as first responders the only individuals that would not be considered “security staff” would be volunteers and contractors. The auditors review of training files indicated that volunteers and contractors are aware of their duty to report to security staff. The PAQ indicates there were zero allegations of sexual abuse in the past twelve months.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.365:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD PREA Coordinated Response Flow Chart</li> <li>4. Interviews with Director and PREA Coordinator</li> </ol> <p>115.365 (a)  In keeping with BRJD PREA Policy, Section X(A), BRJD has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The “PREA Incident: A Coordinated Response Quick Reference” flow chart is posted in the Shift Supervisor’s Office, Master Control, and in the employee break room. The auditor reviewed the chart and it clearly outlines the responsibilities of the various entities involved in responding to incidents of sexual abuse. The Director and PREA Coordinator were able to summarize the coordinated response plan and identified the various resources available to them to include ACPD, SARA, DSS, DJJ, etc.</p> <p>Compliance Determination:  Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.366:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Interview with Director</li> </ol> <p>115.366 (a)  BRJD Director indicated that the facility is not part of any collective bargaining agreement.</p> <p>115.366 (b)  Auditor is not required to audit this provision.</p> <p>Compliance Determination:  Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>



115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.367:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD PREA Protection from Retaliation Form</li> <li>4. Interviews with BRJD Director, PREA Coordinator, and Chief of Security</li> <li>5. Interviews with Specialized Staff</li> </ol> <p>115.367 (a) BRJD PREA Policy, Section XVII, indicates “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 Deputy Director/PREA Coordinator are responsible for monitoring for retaliation; they are to document their efforts on the Protection from Retaliation Form.</p> <p>115.367 (b) In accordance with BRJD PREA Policy, Section XVII (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. The PREA Coordinator articulated several protective measures that could be utilized to enhance the protection of residents and staff such as assigning residents/staff to different pods, monitoring audio and video, monitoring programmatic changes (i.e., increased disciplinary reports, grievances, bullying, etc.), and communication with supervisory staff. The Director added that additional counseling services would be offered along with check-ins with residents. No residents were being held in isolation as a protective measure and no residents had reported sexual abuse in the twelve months preceding the on-site audit.</p> <p>115.367 (c) BRJD PREA Policy, Section XVII (C), further requires that BRJD “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.” As noted above, the PREA Coordinator and Chief of Security is charged with monitoring retaliation and volunteered each of these monitoring efforts during their interviews with the auditor. There were zero occurrences of retaliation reported for the twelve months preceding the audit.</p> <p>115.367 (d) BRJD policy requires that, in the case of residents, monitoring for retaliation shall include periodic status checks. As noted above, the PREA Coordinator and/or Chief of Security are</p>

responsible for monitoring retaliation, both indicated that monitoring would continue for as long as necessary (minimally 90 days). Their monitoring efforts/status checks are documented on the "Protection from Retaliation form." 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. Monitoring can be terminated once the subject of the monitoring is released from the facility.

115.367 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, BRJD will take appropriate measures to protect that individual against retaliation, per policy. Per the auditor's interview with the PREA Coordinator, these measures would be equivalent to those described in provisions (a-d) of this standard.

115.367 (f)

Auditor is not required to audit this provision.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.



115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.368:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interviews with Director and PREA Coordinator</li> <li>4. Interviews with Specialized Staff (Supervise Isolation, Medical and Mental Health Staff)</li> </ol> <p>115.368 (a)  BRJD PREA Policy, Section IX (Isolation), stipulates that 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. Residents who are segregated due to being a victim of sexual abuse shall be subject to PREA requirements § 115.342. During any period of isolation, BRJD will not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation will receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The Director echoed this understanding and shared that due to the facility layout and program options it would be unlikely that isolation of a victim of sexual abuse would be necessary. Medical and mental health staff confirmed that isolation has not been used as a protective measure but that if ever it did become necessary the nurse stated that she would check in daily with the resident and as necessary for any medical interventions. The mental health staff also reported that they would meet with residents in isolation daily as well and assess for safety regularly. There were zero residents who alleged to have suffered sexual abuse who were placed in isolation in the past twelve months.</p> <p>Compliance Determination:  Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.371:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Incident Report Form</li> <li>4. BRJD Sexual Assault Report Form</li> <li>5. Interviews with Director and PREA Coordinator</li> <li>6. Interview with Investigative Staff</li> </ol> <p>115.371 (a)</p> <p>Through review of BRJD PREAP Policy, Section X(E-G), and interview with the PREA Coordinator, it is clear that BRJD wants to ensure every allegation of sexual abuse or sexual harassment is investigated promptly, thoroughly, and objectively, including those allegations made by third-parties and anonymous reports. BRJD is responsible for the conduct of administrative investigations and all criminal investigations will be conducted by the Albemarle County Police Department. 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.</p> <p>There were zero allegations of sexual abuse or harassment reported in the past twelve months.</p> <p>115.371 (b)</p> <p>BRJD relies on ACPD to investigate criminal matters, as local law enforcement they have the specialized training to conduct investigations, take statements, collect physical evidence, etc. For administrative investigations, BRJD requires that their investigative team members (PREA Coordinator and Chief of Security), and other specialized staff, complete specialized training (as outlined in § 115.334). Each member of the Incident Review Team received the following training, which was documented by a Certificate of Completion, issued by the National Institute of Corrections.</p> <ul style="list-style-type: none"> <li>• PREA: Investigating Sexual Abuse in a Confinement Setting</li> <li>• PREA: Your Role Responding to Sexual Abuse</li> </ul> <p>As noted in §115.334 (c), training records were reviewed to verify current training compliance during the on-site visit and the investigative staff articulated their understanding of the training as indicated in §115.334 (b).</p> <p>115.371 (c)</p> <p>As noted in § 115.364 (a) and § 115.382 (b), BRJD has trained all direct care staff in first responder duties including preservation of evidence. Investigative staff acknowledged that the facility is not responsible for physical evidence collection, rather that falls to ACPD. Interviews</p>

with twelve first responders and two investigative team members demonstrated insight into the various roles and responsibilities of staff and administration when gathering information, speaking with alleged victims/abusers and witnesses, and the expectation of thorough documentation to include a description of any evidence, reasoning behind credibility assessments, and investigative facts and findings. The PREA Coordinator and Chief of Security also suggested that the video playback system would be reviewed and retained for evidentiary purposes and any prior reports of sexual abuse involving the suspected perpetrator would be pulled and available to investigative staff for review. There have been no allegations of criminal conduct, thus no criminal investigations or referrals for prosecution.

115.371 (d)

The PREA Coordinator, responding as a member of the investigative team, stated that an investigation would not end due to an allegation being recanted.

115.371 (e)

During the interview with the PREA Coordinator, who serves as investigative staff team member, he stated that BRJD would pass along any gathered information to ACPD who would be responsible for the investigation if/when the quality of evidence appears to support criminal prosecution and the conduct of compelled interviews becomes necessary.

115.371 (f)

The credibility of an alleged victim, suspect, or witness will not be determined by the person's status as resident or staff. As the indicated by investigative staff, all evidence is subject to review and no individual's status will impact their credibility; neither will the facility submit any resident to a polygraph examination or other truth telling device as a condition for proceeding with an investigation of an allegation, the allegation stands on its own merit and warrants appropriate, immediate investigation. There were no allegations of sexual abuse or harassment reported in the preceding twelve-month period, therefore no investigations were completed.

115.371 (g)

It is the practice of BRJD for the administrative investigative review team to consider whether staff action or failure to act contributed to the abuse, per BRJD PREA Policy, Section X(E). This consideration is documented in written reports which include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Beyond meeting with the individual making an allegation/accusation, the Chief of Security suggested to the auditor that, other methods of determining whether staff actions or inaction contributed to the abuse would be considered; these other methods could include the verbal and written reports by others involved and video surveillance review.

115.371 (h)

BRJD only conducts administrative investigations; ACPD is responsible for the conduct and documentation of criminal investigations, per the MOU between ACPD and BRJD. Any documentation created by BRJD would be provided to ACPD at the onset of their involvement. The auditor's interview with the PREA Coordinator and Chief of Security suggested that ACPD would provide BRJD a written report at the conclusion of their investigation. There were no criminal investigations conducted during the twelve months preceding the audit.

115.371 (i)

BRJD PREA Policy, Section X(E), declares, “substantiated allegations of conduct that appears to be criminal will be referred to law enforcement for investigation and prosecution.” The PAQ reported that there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution during the current audit cycle.

115.371 (j)

BRJD PREA Policy, Section X(E), indicates that “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.” There were no reports of sexual abuse or harassment in the preceding twelve months and thus no investigative files to review.

115.371 (k)

BRJD will not terminate an investigation solely on the departure of the alleged abuser or victim from the employment or control of the facility, per BRJD PREA Policy, Section X(E). The PREA Coordinator said that investigation would continue regardless of the employment status or placement at BRJD.

115.371 (l)

Auditor is not required to audit this provision.

115.371 (m)

BRJD PREA Policy, Section X(G) dictates that, “BRJD will fully cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.” During interviews with the PREA Coordinator, Chief of Security, and Director, they reported that BRJD requires documentation of all allegations of sexual abuse; this documentation, along with applicable video footage, is provided to ACPD for any necessary criminal investigations. All staff are expected to cooperate with the investigative process. The Director is the point of contact for communications with ACPD.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.372:</p> <ol style="list-style-type: none"> <li>1. BRJD PREA Policy</li> <li>2. Interview with Investigative Staff</li> </ol> <p>115.372 (a)  BRJD “will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated”, in accordance with BRJD PREA Policy, Section X(E). The PREA Coordinator and Chief of Security, as investigative staff, both affirmed this policy during their interviews with the auditor.</p> <p>Compliance Determination:  Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.373:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interview with Director, PREA Coordinator, and Chief of Security</li> <li>4. BRJD Reporting to Residents Form</li> </ol> <p>115.373 (a) BRJD policy requires that following an investigation into a resident’s allegation of sexual misconduct suffered in the facility, BRJD will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, in accordance with BRJD PREA Policy, Section X(H)1. Investigative staff note findings clearly on BRJD’s Reporting to Residents form. There have been zero criminal and/or administrative investigations of alleged resident sexual abuse in the past twelve months.</p> <p>115.373 (b) BRJD will request all relevant information from the investigative agency in order to inform the resident. As noted previously, the Director is the point of contact for investigations conducted by outside agencies (ACPD) and will remain abreast of investigative progress and inform residents of findings. There were zero investigations completed by outside agencies in the past twelve months.</p> <p>115.373(c) BRJD PREA Policy, Section X(H)3, requires that, “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: 1) The staff member is no longer posted within the resident’s unit; 2) The staff member is no longer employed at the facility; 3)BRJD learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) BRJD learns that the staff member has been convicted on a charge related to sexual abuse within the facility.” BRJD reported that there have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the past twelve months.</p> <p>115.373 (d) BRJD PREA Policy, Section X(H)4, requires that, “following a resident’s allegation that he or she has been sexually abused by another resident, BRJD shall subsequently inform the resident whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2)The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.” This reporting is documented on the BRJD Reporting to Residents form. There were no allegations of sexual abuse reported during the twelve months preceding the audit, thus no investigations, charges, convictions, or notifications to review.</p> <p>115.373 (e)</p>

As noted above, BRJD documents all such notifications or attempted notifications as required by this standard and BRJD policy on the BRJD Reporting to Residents form.

115.373 (f)

Auditor is not required to audit this provision.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.376:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interview with PREA Coordinator</li> </ol> <p>115.376 (a) According to BRJD PREA Policy, Section XV(A), “staff will be subject to disciplinary sanctions up to and including termination for violating BRJD's PREA and/or Harassment Policies.” The PREA Coordinator reported that no staff member has violated BRJD’s policy on sexual abuse or sexual harassment in the past twelve months.</p> <p>115.376 (b) BRJD PREA Policy, Section XV(B), dictates that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. Per the PAQ, no staff has violated BRJD’s policy regarding sexual abuse or sexual harassment in the past twelve months.</p> <p>115.376 (c) Per BRJD PREA Policy, Section XV(C), disciplinary sanctions for violations of agency policies relating to sexual misconduct (other than actually engaging in sexual misconduct) shall be 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. In the past 12 months, zero staff from BRJD have been disciplined, short of termination, for violation of facility sexual abuse or sexual harassment policies.</p> <p>115.376 (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, per BRJD PREA Policy, Section XV(D). There have been no terminations for PREA related conduct at BRJD in the past 12 months. Thus, no BRJD staff have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>Compliance Determination: Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>



115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.377:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Sexual Misconduct and Harassment Guide: A Guide for Staff, Contractors, and Volunteers</li> <li>4. Interview with Director</li> </ol> <p>115.377(a)  Again, BRJD PREA Policy, Section XI(D), states, "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, "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 are for paid employees. In the past 12 months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents at BRJD.</p> <p>115.377 (b)  BRJD will take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual misconduct policies by a contractor or volunteer. The Director stated that if there was an allegation of sexual abuse or sexual harassment involving a volunteer or contractor, they would be immediately separated from the facility pending the outcome of an investigation. BRJD reported zero cases of a volunteer or contractor requiring discipline for violation of sexual misconduct policies.</p> <p>Compliance Determination:  Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.378:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Behavior Management and Disciplinary Process</li> <li>4. BRJD Room Confinement, Seclusion, and Segregation</li> <li>5. Interviews with Director and PREA Coordinator</li> <li>6. Interviews with Medical and Mental Health Staff</li> </ol> <p>115.378 (a) BRJD PREA Policy, Section XVI(A), indicates that “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.” Per responses on the PAQ, in the past twelve months there have been zero administrative or criminal findings of resident-on-resident sexual abuse.</p> <p>115.378 (b) BRJD PREA Policy, Section XVI(B) further addresses resident sanctions stating, “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.” In keeping with §115.342(b), in the event disciplinary sanction results in isolation the residents shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The Director stated that BRJD does not use isolation in the traditional sense of the word; but rather as a short-term measure to allow/assist residents in calming down and/or remaining safe. PAQ responses indicate that there were zero residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.</p> <p>115.378 (c) BRJD requires that the disciplinary process gives consideration to a resident’s mental disabilities or mental illness and whether it contributed to their behavior when determining what type of sanction, if any, should be imposed, per BRJD PREA Policy XVI(C). Mental health staff affirmed that these factors are considered to determine appropriate sanctions during their interview with the auditor.</p> <p>115.378 (d) BRJD PREA Policy, Section XVI(D), indicates that “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.” Medical and mental health staff reported that access to general programming or education is not conditional on</p>

participation in such interventions.

115.378 (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, in keeping with BRJD PREA Policy, Section XVI(E).

115.378 (f)

Per BRJD PREA Policy, Section XVI(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.” As referenced in §115.352(g), BRJD PREA Policy, Section XVI(F), suggests that any resident who files a grievance, related to alleged sexual abuse, in bad faith (intentionally fabricated allegation) is subject to discipline.

115.378 (g)

In accordance with BRJD PREA Policy, Section XVI(G), “any prohibition on resident-on-resident sexual activity shall not consider consensual sexual activity to constitute sexual abuse.” BRJD prohibits all sexual activity between residents and may discipline residents for such activity.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.381:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Resident Screening for Risk of Sexual Victimization or Abusiveness</li> <li>4. Interview with PREA Coordinator</li> <li>5. Interview with Specialized Staff (Risk Screening)</li> <li>6. Interviews with Medical and Mental Health Staff</li> <li>7. Interviews with Residents</li> <li>8. Facility Site Review Observations</li> </ol> <p>115.381 (a) BRJD PREA Policy, Section VIII(2), requires that if the risk screening (pursuant to §115.341) indicates that 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. None of the residents interviewed on the day of the on-site review had disclosed sexual victimization during their risk screening, however, residents indicated that they meet with the nurse and mental health staff regularly regardless.</p> <p>115.381 (b) Likewise, per BRJD PREA Policy, Section VIII(4), if the resident is identified through the intake risk screening to have previously perpetrated sexual abuse, they will be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening in the same manner as described in provision (a) of this standard.</p> <p>115.381 (c) BRJD PREA Policy, Section VIII(5), indicates that, “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.” As reported by the PREA Coordinator limited staff have access to resident files. Resident files were observed during the facility site review as being stored in a secure cabinet in the administration area.</p> <p>115.381 (d) Medical and Mental Health staff shared with the auditor that informing residents of their mandated reporter status (per Virginia law) is typically the first thing they do upon meeting a new resident. This practice is supported by BRJD PREA Policy, Section VIII(6), which states, “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 need for informed consent, and whether it was obtained, is notated on the BRJD Resident Screening for Risk of Sexual</p>

Victimization or Abusiveness.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.382:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD MOU with UVA and SARA</li> <li>4. Interview with PREA Coordinator</li> <li>5. Interview with Specialized Staff (First Responders)</li> <li>6. Interviews with Medical and Mental Health Staff</li> <li>7. Facility Site Review Observations</li> </ol> <p>115.382 (a)</p> <p>The auditor was informed by medical and mental health staff that, although there have been zero reports of sexual abuse at BRJD over the past twelve months, any resident victim of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services would be determined by medical and mental health practitioners according to their professional judgment; this is in keeping with BRJD PREA Policy, Section XI(1). Sexual assault victims will be transported to UVA Hospital for emergency medical services; this is also where SANE/SAFE personnel can provide examination. Per the MOU with UVA and SARA, the hospital will contact SARA to provide advocacy services.</p> <p>115.382 (b)</p> <p>As noted in §115.364, all BRJD staff are trained as first responders; during interviews with the auditor they were able to clearly articulate their duties as such, including, in the instance there are no qualified medical or mental health practitioners on duty at the time a report of recent abuse is made, they would take preliminary steps to protect the victim pursuant to §115.362 and immediately notify the appropriate medical and mental health practitioners in keeping with BRJD PREA Policy, Section XI(2).</p> <p>115.382 (c)</p> <p>The nurse affirmed that, in keeping with BRJD PREA Policy, Section XI(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. The nurse reported BRJD maintains an MOU with UVA to provide medical services in the instance of sexual assault and that BRJD would adhere to any treatment plan or follow-up services recommended. No residents had reported sexual abuse during the current audit cycle.</p> <p>115.382 (d)</p> <p>BRJD PREA Policy, Section XI(4), dictates that, “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 (reference §115.321c).</p> <p>Compliance Determination:</p>

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.383:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interview with PREA Coordinator</li> <li>4. Interview with Specialized Staff (Risk Screening)</li> <li>5. Interviews with Medical and Mental Health Staff</li> <li>6. Facility Site Review Observations</li> </ol> <p>115.383 (a) The nurse and the mental health clinician confirmed that “BRJD will offer ongoing medical and mental health assessment and, as appropriate, treatment, who during their present term of placement, have been victimized”; in keeping with BRJD PREA Policy, Section XI(1). The nurse and mental health clinician noted that a coordinated response would allow them to offer immediate services in-house as well as with community providers including UVA, SARA, CPS, and ACPD.</p> <p>115.383 (b) BRJD PREAE Policy, Section XI(2) further affirms that, “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.” SARA will assist the child victim with this service as confirmed by the auditor during a phone interview.</p> <p>115.383 (c) Per BRJD PREA Policy, Section XI(3), BRJD will provide resident victims of sexual abuse with medical and mental health services consistent with the community level of care.</p> <p>115.383 (d) Resident victims of sexually abusive vaginal penetration while detained shall be offered pregnancy tests, in accordance with facility PREA Policy, Section XI(4).</p> <p>115.383 (e) As indicated in BRJD PREA Policy, Section XI(5), and echoed by medical staff, if pregnancy results, such victims shall receive timely information about and access to all lawful pregnancy-related medical services available in the community (cross-reference §115.382c).</p> <p>115.383 (f) As required by BRJD PREA Policy, Section XI(3), resident victims of sexual assault while detained shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.383 (g) As previously noted in §115.382(d), and in keeping with BRJD PREA Policy, Section XI(4), treatment services shall be provided to the victim without financial cost and regardless of</p>



whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (h)

Per BRJD PREA Policy, Section XI(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." Mental health staff reported that all residents are screened at intake and typically seen by a mental health regardless of victimization or abusiveness, however, as there have been no resident-on-resident abusers during the current audit cycle no correlating treatment has been required.

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.386:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD PREA Sexual Abuse Incident Review Form</li> <li>4. BRJD Sexual Assault Serious Incident Report</li> <li>5. PREA Sexual Assault Report</li> <li>6. Interviews with Director, PREA Coordinator, and Chief of Security (Incident Review Team)</li> </ol> <p>115.386 (a) BRJD PREA Policy, Section XIV(A), requires that “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. In the past 12 months, there were zero criminal and/or administrative investigations of sexual abuse at the facility as no allegations were made.</p> <p>115.386 (b) BRJD PREA Policy, Section XIV(B), dictates that, “the review shall occur within 30 days of the conclusion of the investigation.”</p> <p>115.386 (c) The incident review team includes the Director, Deputy Director/PREA Coordinator, and the Chief of Security, with input from the shift supervisor at the time of the event, the Clinical Supervisor, the Facility Nurse, and others as necessary and appropriate; per BRJD PREA Policy, Section XIV(C).</p> <p>115.386 (d) BRJD PREA Policy, Section XIV(D), outlines the necessary components for consideration by the review team. The review team shall: 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) 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; 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) Assess the adequacy of staffing levels in that area during different shifts; 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6) Prepare a report of its findings and any recommendations for improvement and submit such report to the Director.</p> <p>During interviews with the Director, PREA Coordinator, and Chief of Security, they indicted three forms used to review the above-mentioned components; those forms include the PREA Sexual Assault Incident Review Form, the Sexual Assault Serious Incident Report, and the PREA Sexual Assault Report.</p>

115.386 (e)

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so, pursuant to BRJD PREA Policy, Section XIV(E).

Compliance Determination:

Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.

115.387	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.387:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. Interview with PREA Coordinator</li> <li>4. Review of BRJD website: <a href="http://www.BRJD.org">www.BRJD.org</a></li> </ol> <p>115.387 (a) In accordance with BRJD PREA Policy, Section XVIII(A1), BRJD shall collect accurate, uniform data for every allegation of sexual abuse at BRJD using a standardized instrument and set of definitions. Aggregated data is reviewed to improve sexual abuse prevention, detection, and response at the facility and is made available to the public via the facility website.</p> <p>115.387 (b) BRJD PREA Policy, Section XVIII(A2), requires that BRJD aggregate the incident-based sexual misconduct data annually. As previously noted, the aggregated data, in the form of an annual report, is posted on the facility's website. The PREA Coordinator is responsible for this data collection, aggregation, and analysis.</p> <p>115.387 (c) 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, per BRJD PREA Policy, Section XVIII(A3).</p> <p>115.387 (d) BRJD shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, per BRJD PREA Policy, Section XVIII(A4). Again, the PREA Coordinator indicated to the auditor that should any such allegations and/or investigations occur, all information and data will be documented, collected, reviewed and stored securely in the administration area for annual review.</p> <p>115.387 (e) There are no contractual agreements with any other facilities, per the Deputy Director/PREA Coordinator; thus this provision is not applicable.</p> <p>115.387 (f) Upon request, BRJD will provide all such data from the previous calendar year to the Department of Justice no later than June 30; per BRJD PREA Policy, Section XVIII(A5). The auditor confirmed with the PREA Coordinator that the DOJ has not requested any facility data.</p> <p><b>Compliance Determination:</b> Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>



<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.388:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD PREA Annual Report 2017 and 2018</li> <li>4. BRJD Website: <a href="http://www.BRJD.org">www.BRJD.org</a></li> <li>5. Interviews with Director and PREA Coordinator</li> </ol> <p>115.388 (a) As noted in §115.387, and required by BRJD PREA Policy, Section XVIII(B1), 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: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and, 3. Preparing an annual report of its findings and corrective actions.</p> <p>115.388 (b) Per BRJD PREA Policy, Section XVIII(B2), the annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of BRJD's progress in addressing sexual abuse. The auditor's review of the 2017 and 2018 annual reports indicated that the facility accurately represents the sexual abuse data and overall PREA compliance.</p> <p>115.388 (c) The report shall be approved by the Director and made readily available to the public through its website at <a href="http://www.brjd.org">www.brjd.org</a>. The Director confirmed that she will sign off on the annual reports and then make them available for public viewership via the facility website.</p> <p>115.388 (d) In accordance with BRJD PREA Policy, Section XVIII(B4), 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. Types of information that would be redacted include resident names, birth dates, juvenile tracking numbers, etc., with the intent to maintain confidentiality. The auditor reviewed two annual reports to ensure personal identifiers had been removed.</p> <p>Compliance Determination: Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.389:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. BRJD PREA Policy</li> <li>3. BRJD Website: <a href="http://www.BRJD.org">www.BRJD.org</a></li> <li>4. Interview with PREA Coordinator</li> </ol> <p>115.389 (a) BRJD PREA Policy, Section XVIII(C1), requires that BRJD ensure that data collected on all reports of sexual abuse is securely retained. As noted in §115.387, the PREA Coordinator reported that files are stored in a securely in the administration area.</p> <p>115.389 (b) Per BRJD PREA Policy, Section XVIII(C2), BRJD will make all aggregated sexual abuse data readily available to the public at least annually through its website. The auditor’s review of the website indicates that this information is indeed available for public review.</p> <p>115.389 (c) Before making aggregated sexual misconduct data publicly available, BRJD will remove all personal identifiers, as indicated in §115.388(d) and as outlined in BRJD PREA Policy, Section XVIII(C3).</p> <p>115.389 (d) BRJD PREA Policy, Section XVIII(C4) indicates that “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.” Information has been reviewed in conjunction with the three-year PREA audit cycle and will remain secured in the administrative area of the facility until properly destroyed after 10 years from the date of collection.</p> <p>Compliance Determination: Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1305 360">The following evidence was used to determine compliance for standard 115.401:</p> <ol data-bbox="252 371 721 488" style="list-style-type: none"> <li>1) Review of BRJD Records</li> <li>2) BRJD Website: <a href="http://www.BRJD.org">www.BRJD.org</a></li> <li>3) Facility Site Review Observations</li> </ol> <p data-bbox="252 544 405 577">115.401 (a)</p> <p data-bbox="252 589 1485 1048">BRJD's last on-site PREA audit occurred on March 29-31, 2016. Their final audit report was submitted by that auditor on November 25, 2016. For the current audit, the on-site portion was initially conducted on February 26-28, 2019 by a different Certified auditor. Due to unforeseen circumstances, the post-audit work/report could not be completed; with the approval of the National Prison Rape Elimination Act Management Office (PMO), the initial auditor requested that BRJD contract with another certified auditor to complete their audit. BRJD contacted this auditor on March 29, 2019 to begin that process. Coordination between the initial auditor, the PRC, and this auditor took several weeks to confirm approval to take over the original audit and to not penalize BRJD for the time lapsed; the new contract was signed into agreement on June 12, 2019. The new on-site audit occurred on July 22-23, 2019; still within the three-year cycle.</p> <p data-bbox="252 1104 405 1137">115.401 (b)</p> <p data-bbox="252 1149 775 1182">This provision is not applicable to BRJD.</p> <p data-bbox="252 1238 405 1272">115.401 (h)</p> <p data-bbox="252 1283 1401 1350">The auditor was given full access to, and observed, all areas of BRJD as indicated in the facility characteristics section of this report.</p> <p data-bbox="252 1406 395 1440">115.401 (i)</p> <p data-bbox="252 1451 1485 1608">The auditor was permitted to request and receive copies of relevant documents (including electronically stored information) through the OAS, from the initial auditor, in person during the on-site portion of the audit, and following the on-site visit via email communication with the PREA Coordinator and BRJD Director.</p> <p data-bbox="252 1664 411 1697">115.401 (m)</p> <p data-bbox="252 1709 1289 1742">The auditor was permitted to conduct private interviews with residents and staff.</p> <p data-bbox="252 1798 405 1832">115.401 (n)</p> <p data-bbox="252 1843 1469 1955">Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The audit notice posted throughout the facility listed contact information for the auditor.</p> <p data-bbox="252 2011 608 2045">Compliance Determination:</p> <p data-bbox="252 2056 1485 2123">Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>



<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.403:</p> <ol style="list-style-type: none"> <li>1) BRJD Audit Reports</li> <li>2) BRJD Website: <a href="http://www.BRJD.org">www.BRJD.org</a></li> <li>3) Interview with PREA Coordinator</li> </ol> <p>115.403 (f)</p> <p>The BRJD website contains the previous final audit report that was posted within 90 days of issuance by the auditor. The PREA Coordinator will ensure that the current auditor's final report will be published on the agency's website.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

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

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes

115.315 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes



	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes

115.321 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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



115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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



115.341 (d)	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

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

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes



115.353 (a)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.367 (a)	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes



<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes



<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.388 (a) Data review for corrective action</b>		
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.388 (b) Data review for corrective action</b>		
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.388 (c) Data review for corrective action</b>		
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.388 (d) Data review for corrective action</b>		
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.389 (a) Data storage, publication, and destruction</b>		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes