

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

☐ Interim ☒ Final

Date of Interim Audit Report: N/A ☒ N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: 4/26/25

## Auditor Information

Name: Sara Jones	Email: sjones@merrimac-center.net
Company Name: N/A	
Mailing Address: 227 Reflection Drive	City, State, Zip: Williamsburg, VA 23188
Telephone: 757-303-6924	Date of Facility Visit: Jan. 27-28, 2025

## Agency Information

Name of Agency: Blue Ridge Juvenile Detention Commission			
Governing Authority or Parent Agency (If Applicable): N/A			
Physical Address: 195 Peregory Lane		City, State, Zip: Charlottesville, VA 22902	
Mailing Address: 195 Peregory Lane		City, State, Zip: Charlottesville, VA 22902	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.brjd.org			

## Agency Chief Executive Officer

Name: James Boland
Email: bolandja@brjd.org
Telephone: 434-951-9341

## Agency-Wide PREA Coordinator

Name: Miguel Hansen	
Email: hansenmi@brjd.org	
Telephone: 434-951-9342	
PREA Coordinator Reports to: James Boland	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information			
Name of Facility: Blue Ridge Juvenile Detention			
Physical Address: 195 Peregory Lane		City, State, Zip: Charlottesville, VA 22902	
Mailing Address (if different from above): N/A		City, State, Zip: N/A	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail (Juvenile)	
Facility Website with PREA Information: www.brjd.org/prea/			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: N/A			
Superintendent/Director/Administrator			
Name: Jay Boland			
Email: bolandja@brjd.org		Telephone: 434-951-9341	
Facility PREA Compliance Manager			
Name: N/A			
Email: N/A		Telephone: N/A	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Michelle Nave			
Email: navemi@brjd.org		Telephone: 434-220-6161	
Facility Characteristics			
Designated Facility Capacity:		40	
Current Population of Facility:		17	

Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	10-17 for Pre-D and Post-D/ 13-20 for CAP, CPP, and Re-Entry
Average length of stay or time under supervision:	33.87 days – detention population only
Facility security levels/resident custody levels:	Secure Detention
Number of residents admitted to facility during the past 12 months:	103
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	No response
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	59
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	42
Number of staff hired by the facility during the past 12 months who may have contact with residents:	11
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5
Physical Plant	

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
<b>Number of resident housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4
<b>Number of single cell housing units:</b>	0
<b>Number of multiple occupancy cell housing units:</b>	0
<b>Number of open bay/dorm housing units:</b>	0
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	3
<b>In housing units, does the facility maintain sight and sound separation between youthful residents and adult residents? (N/A if the facility never holds youthful residents)</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided?</b> <b>Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	<b>0</b>
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	<b>1</b>
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:** 5

**List of Standards Exceeded:** 115.313; 115.317; 115.318; 115.353; 115.354

### Standards Met

**Number of Standards Met:** 38

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** 0

# Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	January 27, 2025
2. End date of the onsite portion of the audit:	January 28, 2025
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	<p>The auditor contacted Just Detention International (JDI) to inquire if their 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 Hospital provides SAFE/SANE services when necessary. The Region 10 CSB and the Sexual Assault Resource Agency (SARA) were also contacted as they provide advocacy services and mental health services for victims; they too verified that they had received zero allegations/complaints related to sexual abuse or sexual harassment at BRJD in the preceding twelve months. Additionally, the auditor tested the in-house phones to contact the PREA Hotline and confirmed that reports are sent to the local CPS and CIDNET communications are sent directly to BRJD Administration.</p>
Audited Facility Information	
4. Designated Facility Capacity:	40
5. Average daily population for the past 12 months:	12
6. Number of resident housing units:  DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities	4

(including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	
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Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Residents/Residents/Detainees</i>	
8. Enter the total number of residents housed at the facility as of the first day of the onsite portion of the audit:	15
10. Enter the total number of residents with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of residents who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of residents who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of residents who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of residents who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of residents who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of residents who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of residents who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of residents who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of residents who are or were ever placed in segregated housing/isolation for having	0



reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	
22. Enter the total number of residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of residents in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were 15 male residents, no female residents, housed at the facility on the first day of the audit. The auditor conducted interviews with eleven residents. At the time of the on-site, one resident in the facility met the criteria for targeted interviews having disclosed prior sexual victimization during their intake risk screening so an additional interview protocol was utilized to interview that individual.
<b>Staff, Volunteers, and Contractors</b> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with residents/residents/detainees</i>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	47
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with residents:	3
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with residents:	0
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	No text provided.
<b>Interviews</b>	
<b>Resident/Resident/Detainee Interviews</b>	
<i>Random Resident Interviews</i>	
28. Enter the total number of RANDOM RESIDENTS who were interviewed:	10
29. Select which characteristics you considered when you selected random resident interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.

<p><b>30. How did you ensure your sample of random resident interviewees was geographically diverse?</b></p>	<p>A daily population report for the first day of the on-site audit was provided to the auditor by the Director upon arrival to the facility. As the total population consisted of 15 residents, a random number generator was used to select participants for the interview process; there was one resident identified for participation in targeted interviews (that individual also completed the random interview protocol). Interviews with eleven total residents allowed for inclusion of various genders, identities, races, ages, and from each unit of the facility.</p>
<p><b>31. Were you able to conduct the minimum number of random resident interviews?</b></p>	<p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>a. If no, explain why it was not possible to interview the minimum number of random resident interviews:</b></p>	<p>N/A</p>

<p><b>32. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>There were no female residents housed at the facility during the on-site audit.</p>
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*Targeted Resident/Resident/Detainee Interviews*

<p><b>33. Enter the total number of TARGETED RESIDENTS who were interviewed:</b></p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of residents/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted resident/resident/detainee interviews below, remember that an interview with one resident/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted resident/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an resident who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted resident/resident/detainee interview categories will exceed the total number of targeted residents/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>1</p>
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<b>35. Enter the total number of interviews conducted with residents with a physical disability using the “Disabled and Limited English Proficient Residents” protocol:</b>	0
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<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</b></p>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
<p><b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</b></p>	<p>No residents with a physical disability were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p><b>36. Enter the total number of interviews conducted with residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Residents” protocol:</b></p>	0
<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</b></p>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
<p><b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</b></p>	<p>No residents with a cognitive or functional disability were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p><b>37. Enter the total number of interviews conducted with residents who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Residents” protocol:</b></p>	0
<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</b></p>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
<p><b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</b></p>	<p>No residents who were blind or had low vision were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p><b>38. Enter the total number of interviews conducted with residents who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Residents” protocol:</b></p>	0

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>No residents who were deaf or hard of hearing were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>39. Enter the total number of interviews conducted with residents who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>No residents who were limited English proficient (LEP) were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>40. Enter the total number of interviews conducted with residents who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>No residents who identify as lesbian, gay, or bisexual were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>41. Enter the total number of interviews conducted with residents who identify as transgender or intersex “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited</p>	<p>No residents who identify as transgender or intersex were present the day of the onsite visit</p>

facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.
<b>42. Enter the total number of interviews conducted with residents who reported sexual abuse in this facility using the “Residents who Reported a Sexual Abuse” protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</b>	No residents who reported sexual abuse in this facility were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.
<b>43. Enter the total number of interviews conducted with residents who disclosed prior sexual victimization during risk screening using the “Residents who Disclosed Sexual Victimization during Risk Screening” protocol:</b>	1
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</b>	N/A
<b>44. Enter the total number of interviews conducted with residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Residents Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</b>	No residents who were ever placed in segregated housing/isolation for risk of sexual victimization were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents
<b>45. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you</b>	No text provided.

<p>oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
<p align="center"><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p align="center"><i>Random Staff Interviews</i></p>	
<p><b>46. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p align="center">12</p>
<p><b>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (describe) The auditor ensured that gender and race were also considered when identifying a representative sample of staff at the facility</p> <p><input type="checkbox"/> None (explain) <a href="#">Click or tap here to enter text.</a></p>
<p><b>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) <a href="#">Click or tap here to enter text.</a></p>
<p><b>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</b></p>	<p><a href="#">Click or tap here to enter text.</a></p>
<p><b>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p align="center">No text provided.</p>
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p align="center"><i>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</i></p>	
<p><b>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p align="center">11</p>
<p><b>51. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>

a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Superintendent/Director or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Superintendent/Director or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful residents (if applicable) <input type="checkbox"/> Education and program staff who work with youthful residents (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise residents in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) <a href="#">Click or tap here to enter text.</a>
56. Did you interview VOLUNTEERS who may have contact with residents in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0

<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>57. Did you interview CONTRACTORS who may have contact with residents in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Most of the BRJD staff have multiple responsibilities, several of the staff were interviewed utilizing multiple protocols that correlated to the specialized duties they perform. The PREA Coordinator/Deputy Director shared which staff complete specialized duties, the auditor used a random number generator to identify the requisite number of interviewees and the PREA Coordinator/Deputy Director reviewed the generated list and assured the auditor that all selected interviewees allowed for the necessary representation of specialized duties.
<b>Site Review and Documentation Sampling</b>	
<b>Site Review</b>	
<i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and residents to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
<b>59. Did you have access to all areas of the facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain what areas of the facility you were unable to access and why.</b>	N/A
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</b>	N/A



<b>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</b>	N/A
<b>62. Informal conversations with residents during the site review (encouraged, not required)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>63. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The Director, 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 on the Cidnet boxes, and PREA information was in regular rotation on the Cidnet televisions throughout the facility, including the lobby. The auditor was able to test critical functions, making an report on the Cidnet box and calling the hotline on the resident phone. 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, all units, bathrooms, the outdoor recreation areas, the clinic, counseling offices, the visitation area, classrooms, the kitchen, dining hall, gymnasium, storage areas, education annex, and administration. The auditor had conversations with teachers, medical staff, mental health staff,</p>
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	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.
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<b>Documentation Sampling</b>
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*Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; resident education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.*

<b>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	All files were selected in the same manner as interviews, from a randomly generated list of numbers which corresponded to the rosters provided to the auditor. The file review consisted of ten (10) comprehensive resident files, ten (10) employee/contractor training files/records (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 20 file reviews. <input type="checkbox"/>

<b>Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</b>
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<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>
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*Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.*

*Note: For question brevity, we use the term “resident” in the following questions. Auditors should provide information on resident, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.*

<b>67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:</b>				
<i>Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.</i>				
	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Resident-on-resident sexual abuse</u>	0	0	0	0
<u>Staff-on-resident sexual abuse</u>	1	0	1	0

Total	1	0	1	0	
a. If you were unable to provide any of the information above, explain why this information could not be provided.		N/A			
<b>68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:</b>					
<i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i>					
	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations	
<u>Resident-on-resident</u> sexual harassment	5	0	5	0	
<u>Staff-on-resident</u> sexual harassment	1	0	1 Click or tap here to enter text.	0	
Total	6	0	6	0	
a. If you were unable to provide any of the information above, explain why this information could not be provided.		N/A			
<b>Sexual Abuse and Sexual Harassment Investigation Outcomes</b>					
<i>Sexual Abuse Investigation Outcomes</i>					
<i>Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.</i>					
<b>69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:</b>					
<i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i>					
	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Resident-on-resident</u> sexual abuse	0	0	0	0	0
<u>Staff-on-resident</u> sexual abuse	0	0	0	0	0
Total	0	0	0	0	0
a. If you were unable to provide any of the information above, explain why this information could not be provided.		There were no allegations that rose to the level of criminal investigation in the past 12 months.			
<b>70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:</b>					
<i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i>					
	Ongoing	Unfounded	Unsubstantiated	Substantiated	
<u>Resident-on-resident</u> sexual abuse	0	0	0	0	
<u>Staff-on-resident</u> sexual abuse	0	0	1	0	
Total	0	0	1	0	

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A
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#### Sexual Harassment Investigation Outcomes

*Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.*

#### 71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

*Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.*

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Resident-on-resident sexual harassment	0	0	0	0	0
Staff-on-resident sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

There were no allegations of sexual harassment that rose to the level of criminal investigation.

#### 72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

*Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.*

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Resident-on-resident sexual harassment	0	2	2	0
Staff-on-resident sexual harassment	0	2	0	0
Total	0	4	2	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

#### Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

#### Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

1

a. If 0, explain why you were unable to review any sexual abuse investigation files:

N/A

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☒ Yes ☐ No  
☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

#### Resident-on-resident sexual abuse investigation files

75. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:

0

76. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?

☐ Yes ☐ No  
☒ N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)

77. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)
<b>Staff-on-resident sexual abuse investigation files</b>	
78. Enter the total number of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	1
79. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)
80. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)
<u>Sexual Harassment Investigation Files Selected for Review</u>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
a. If 0, explain why you were unable to review any sexual harassment investigation files:	N/A
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
<b>Resident-on-resident sexual harassment investigation files</b>	
83. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	4
84. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
85. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
<b>Staff-on-resident sexual harassment investigation files</b>	
86. Enter the total number of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)
88. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other</i>	All allegations were investigated and were thoroughly documented. The auditor had full access to all investigation files and reviewed each.

information that could compromise the confidentiality of any persons in the facility.	
<b>Support Staff Information</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</b>  <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</b>	N/A
<b>Non-certified Support Staff</b>	
<b>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</b>  <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</b>	N/A
<b>Auditing Arrangements and Compensation</b>	
<b>92. Who paid you to conduct this audit?</b>	<input checked="" type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

## PREVENTION PLANNING

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

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

#### 115.311 (a)

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

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
☒ Yes ☐ No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following evidence was used to determine compliance for standard 115.311:

Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD Organizational Chart

Interviews Conducted:

BRJD Director  
BRJD PREA Coordinator/Deputy Director  
BRJD Chief of Security  
BRJD Random Staff  
BRJD Random Residents

Blue Ridge Juvenile Detention (BRJD) presented a 37-page written policy, during the pre-audit period. This policy clearly articulates a mandate for zero tolerance toward all forms of sexual abuse and sexual harassment within their facility stating, "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. The prohibited conduct applies to all employees, volunteers, and contract staff of BRJD. Sexual conduct between staff and residents is prohibited. Any allegations of sexual conduct between staff and residents will be subject to administrative disciplinary sanctions and referred to law enforcement for prosecution." The facility's PREA Policy outlines BRJD's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment; and is written in accordance with the standards set forth by the Prison Rape Elimination Act (PREA). BRJD policy offers comprehensive definitions and clarification of prohibited conduct at BRJD, provides an overview of interventions and disciplinary sanctions for such conduct, and offers a description of the facility's strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Their policy is made evident throughout the facility in handbooks issued to every resident, on posters, is in regular rotation on the informational televisions on pods, offices, and the entrance area, on the facility website, and on each pod's Cidnet boxes. Interviews were conducted with ten residents, 12 random staff, the PREA Coordinator/Deputy Director, Chief of Security, and the Director, all of whom affirmed to the auditor that BRJD proffers a "Zero Tolerance" culture toward all forms of sexual abuse and sexual harassment; 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. This policy is a part of the facility's detention operating procedures and is provided to staff at hiring and reviewed annually as confirmed by this auditor's review of random staff training records. In addition to the written materials mentioned above, all residents are made aware of the facility's PREA policy verbally at the time of intake and the information is reviewed again with mental health staff and medical staff.

In his interview, the PREA Coordinator/Deputy Director indicated he has sufficient time and authority to develop, coordinate, direct, and oversee the facility's efforts to comply with the PREA Standards. The PREA



Coordinator/Deputy Director position is noted on the facility's Organizational Chart; he oversees the Clinician, Program Manager, CSB staff, Facility Nurse, and the CPP Case Manager. He works closely with the administrative team including the Chief of Security, Business Office Manager, and the Director. He reports directly to the Director. Through discussion, and as evidenced by a review of certifications, the PREA Coordinator/Deputy Director has participated in training conducted by DJJ, the PREA Resource Center, and the National Institute of Corrections in relation to his role and responsibilities as the PREA Coordinator.

The PREA Coordinator/Deputy Director described his responsibilities regarding PREA as ensuring that all staff are trained on PREA standards, taking the lead in investigations, monitoring staff and resident interactions, reviewing serious incident reports, maintaining records of PREA related incidents, and ensuring overall PREA compliance. The Director indicated that PREA compliance and the sexual safety of the residents remanded to the facility is a priority. Also, he expressed confidence and support for the PREA Coordinator/Deputy Director in his duties and responsibilities and authorized him to dedicate any time and effort necessary to ensure the facility's compliance with the PREA Standards.

BRJD operates only one facility therefore a PREA Compliance Manager is not a requirement and provision 115.311(c) is not applicable.

**Compliance Determination:**

Based on review of BRJD policy, interviews with staff, residents, the Director, the PREA Coordinator/Deputy Director, and Chief of Security, and observations made during the site review, the auditor has determined that no corrective action is needed. The facility continues to make 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.

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

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

#### **115.312 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

#### **115.312 (b)**

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

### **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.312:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD Program Handbooks

Interviews Conducted:

Interview with PREA Coordinator

Interview with Director

Through review of the PAQ and as confirmed by interviews with BRJD administration, the facility operates independent of other detention facilities and does not contract with other entities for the confinement of their residents; therefore, this standard is not applicable.

It should be noted that BRJD provides housing and programming for the Department of Juvenile Justice committed residents for Central Admissions and Placement (CAP) purposes and as Community Placement Program (CPP); there handbooks for issued to each of these residents that enumerate the required PREA expectations for all who program in the facility.

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.

## Standard 115.313: Supervision and monitoring

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

### 115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

#### 115.313 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

#### 115.313 (c)

- In the past 12 months, has the facility maintained 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? ☒ Yes ☐ No
- In the past 12 months, if the facility has not maintained staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours has the facility, has the facility fully documented each instance? ☒ Yes ☐ No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.313 (e)

- Has the facility/agency 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? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency 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? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.313:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD Staffing Plan

BRJD Staffing and Facility Logistics Assessment 2022-24

BRJD Staffing Unit Layout 2020-24

Document Review (Resident/Staff Rosters, Unannounced Rounds)

Interviews Conducted:

PREA Coordinator/Deputy Director

Chief of Security

Director

Interviews with Specialized Staff (Intermediate/Higher Level)

Interviews with Random Staff

Observations during Facility Site Review

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 upgraded video/audio monitoring capabilities. BRJD has had an average daily population (ADP) of 11 residents since their last PREA audit, on the day of the current on-site review there were 15 residents. The facility presented their Staffing and Facility Logistics Assessments for 2022, 2023, and 2024, along with their 2020 PREA Report for review. The staffing plan is predicated on an average daily population of 32 residents despite lower utilization.

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) provisions of the PREA Standard 115.313(a). There are 67 cameras (offering 118 total views) throughout the facility that provide for surveillance of the physical plant, also allowing for 80% audio coverage of the facility, thereby increasing BRJD's sexual safety practices by allowing continuous supervision of resident and staff whereabouts and activities.

During interviews with administration, supervisors, and line staff, all attested to the fact that any deviations from the staffing plan would be documented in the supervisor's logbook. During the on-site visit, staffing and supervision ratios were confirmed by the auditor's personal observation of the pods and classrooms. Additional facility observations, through video monitoring and review of unannounced rounds, further confirmed there were no deviations in staffing patterns. Interviews of staff from all shifts confirmed that BRJD maintains a staffing ratio of 1:8 waking and 1:16 sleeping, at all times, in accordance with PREA Standards.

Interviews with the PREA Coordinator/Deputy Director and Director support frequent discussions/reviews of the staffing plan, particularly in times of position vacancies. Furthermore, BRJD completes an annual staffing and logistics assessment for compliance with the Department of Justice's PREA Standards. The annual assessment is completed by the PREA Coordinator/Deputy Director and the Chief of Security and

provided to the Director for review and to determine whether any adjustments are needed to ensure prevention, detection, and response to sexual abuse and sexual harassment in the facility. Review of the 2022-24 Annual PREA Assessments indicates that consideration was given to the annual staffing plan, prevailing staffing patterns, the facility's deployment of video monitoring systems, and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. The form is used to identify potential vulnerabilities and make recommendations for improvement. During the facility site review it was shared that at the beginning of 2024 the facility upgraded from 37 cameras to 67 cameras (with multiple views) and audio capabilities in 80% of the facility; these cameras are used to enhance visual monitoring of residents and staff. There were no identifiable blind spots on the camera system during the auditor's inspection of the Valerus (camera) system.

BRJD PREA policy, Section IV. Supervision and Monitoring/Staffing Plan, (subsection E.) indicates that the facility is aware and accountable for unannounced rounds conducted by high-level staff to identify and deter sexual abuse and sexual harassment at the facility. These rounds are conducted by shift supervisors, the Chief of Security, PREA Coordinator/Deputy Director, or the Director at random on day and night shifts. It also suggests that supervisors and staff are prohibited from alerting other staff members of their occurrence. Interviews with intermediate/higher level staff suggested that they had a solid understanding of this policy. Residents and staff shared that supervisors are frequently on the pod so all those present are unaware of when they are conducting an official unannounced round. The auditor 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 exceeds the requirements for this standard.

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

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

### **115.315 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
☒ Yes   ☐ No

### **115.315 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches, except in exigent circumstances?  
☒ Yes   ☐ No

### **115.315 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes   ☐ No

#### 115.315 (d)

- Does the facility have policies that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No

#### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If an resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.315:

Documents Reviewed:

BRJD PREA Policy

BRJD DOP 115 – Basic Skills Training and Position Qualifications

Staff Training Forms – Initial and Annual plans and rosters

Interviews Conducted:

PREA Coordinator/Deputy Director

Interviews with Random Staff

Interviews with Random Residents

Observations during Facility Site Review

Responses on the Pre-Audit Questionnaire indicate that BRJD does not conduct cross gender strip searches, cross gender visual body cavity searches of residents, or cross gender pat down searches (except in exigent circumstances); in the past twelve months there were zero cross-gender searches of any kind. As verified by the auditor, BRJD PREA policy, section IX.A. Limits to Cross Gender Viewing and Searches, requires that all searches and justification for the actions taken are to be documented by incident report.

Twelve random direct care staff members (covering all teams/shifts) were interviewed by the auditor. While staff were able to articulate what could constitute an exigent circumstance (i.e., hurricane, fire, riot, etc.) they suggested that they have never, and would never, conduct cross-gender searches as the staffing plan allows for adequate coverage and searches to be conducted in accordance with policy. Ten random resident interviews were conducted by the auditor; 100% of the residents interviewed confirmed that they have never been subject to cross gender searches of any kind. Additionally, the auditor reviewed ten random resident files and found zero indication of cross-gender searches being conducted. Staff rosters support an appropriate male/female staff ratio that would not warrant the need for cross-gender searches.

BRJD PREA policy, section IX.B. Limits to Cross Gender Viewing and Searches, enables “all residents to shower, preform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.” The auditor noted during the facility site review of the intake area and housing pods that the facility design (single occupancy showers) supports privacy from staff and peers during resident bathing, dressing, and toileting activities. During the auditor’s observation of the master control room, it was verified that camera views do not expose residents when in areas of the shower or toilet. Interviews conducted with the PREA Coordinator/Deputy Director 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 while in their room. All residents shower individually (including transgender or intersex youth), same sex staff conduct showers and are located outside of the bathroom door to afford residents privacy. There are no cameras in



the residents' rooms; intake cells (2) and one special purpose cells have cameras, but the toileting area is blocked from camera view as confirmed by this auditor during observations.

Furthermore, BRJD PREA policy requires staff of the opposite gender to announce their presence when entering a resident housing unit. All staff indicated that they announce their presence when entering a housing pod of the opposite gender; throughout the facility site review, the auditor witnessed staff announce their presence at their entrance onto a pod. 100% of the residents interviewed supported that staff of the opposite gender announce their presence when entering a pod.

BRJD has verbiage annotated in their PREA policy, section IX.C. Limits to Cross Gender Viewing and Searches, 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/Deputy Director, and 12 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. There were no transgender or intersex residents in the facility at the time of the on-site, so no targeted interviews with this population were conducted. There was one record of a previously detained, self-identified, transgender resident; the facility had allowed that individual to complete a preference form for searches, pronoun use, and programming placement, which was verified by the auditor during records review.

All interviewed staff affirmed the receipt of cross-gender search training as dictated by BRJD PREA policy, section IX.A. Limits to Cross Gender Viewing and Searches, through the conduct of Basic Skills Training, Initial Training, and Annual Training. Training is conducted by the Programs Coordinator (supervised by the PREA Coordinator/Deputy Director) and the Chief of Security. A video entitled "Guidance on Cross-Gender and Transgender Pat Searches is shown to demonstrate proper and respectful search procedures. Documentation of training is stored in each employee's training record and were identified in 10 staff files randomly selected for document review in conjunction with review of the supplied training rosters which indicated staff receipt of training per staff signature. All training was up to date and refresher training conducted within the past year.

Compliance Determination:

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

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

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

### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.316 (b)

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

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistance 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 §115.64, or the investigation of the resident's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.316:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
 BRJD PREA Policy  
 BRJD OPI Instruction Card  
 BRJD Point to Your Language Poster  
 BRJD PREA Resident Brochure (English and Spanish)  
 BRJD PREA Prohibited Actions (English and Spanish)  
 BRJD PREA Poster (Spanish and English)

##### Interviews Conducted:

PREA Coordinator/Deputy Director  
 Interviews with Staff  
 Interviews with Residents

## Observations during Facility Site Review

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, Resident Orientation and Education, indicates that BRJD will 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.

It was observed during the facility site review that both English and Spanish PREA materials (brochures, handbooks, videos, signs, Cidnet boxes, Cidnet phones, and Cidnet tvs) were located throughout the building; Spanish being the second most common language for residents in the facility. There is access to the PROPIO language line for interpretive services as needed; the auditor was shown the laminated language line instruction card in intake during the onsite and several staff referenced the language line during interviews. The auditor was able to test interpretive services on the resident phones, and Spanish was a standard option available by pressing #2.

BRJD does not rely on or use 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 responder duties, or an investigation of a resident's allegations in accordance with BRJD PREA policy, section VII. 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 a resident interpreter would only be utilized in exigent circumstances that, without their use, would compromise the safety of the resident needing assistance; they also confirmed that these instances would be documented if ever utilized. Additionally, they noted that there are bilingual staff available in the facility that could be utilized if necessary.

### Compliance Determination:

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

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  
☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? ☒ Yes ☐ No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.317 (d)

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

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.317 (f)

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

#### 115.317 (g)

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

#### 115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.317:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

BRJD Pre-Hire, Pre-Promotion, and Annual Evaluation Questions Form

Review of Employee Personnel Files

Interviews Conducted:

Director

PREA Coordinator/Deputy Director

Human Resources Staff

Assistant Director

BRJD PREA policy, section V., indicates the facility will not hire or promote persons that may have contact with residents, and will not enlist the services of any contractor that may have contact with residents, and who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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. The facility conducts CPS and State and Federal Background checks prior to hire, at promotion, and every five years (minimally); BRJD has made it common practice to conduct these checks annually. The auditor conducted an interview with the Chief of Security and with the Human Resources Staff, both confirmed the hiring/retention process as it relates to identifying sexual abuse perpetrators as outlined above, as did the PREA Coordinator/Deputy Director and the Director.

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 personnel files reviewed 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 (following the implementation of PREA standards).

During the interview with the Human Resources Staff, she indicated that incidents of sexual harassment are considered when determining whether to hire or promote someone; and information regarding sexual abuse/sexual harassment obtained during the course of the background investigation would also be considered prior to an offer of hire. This understanding also pertains to the service enlistment of any contractor who may have contact with residents. This information is noted in the BRJD PREA Policy and refers to the BRJD Pre-Hire and Pre-Promotion Questions form, Documentation of Employer Contact with Prior Institutions Form, and the PREA Background Check Requirements Log.

The Pre-Audit Questionnaire revealed that eleven staff had been hired during the past twelve (12) months. Twelve files were selected randomly and included recent hires, tenured staff, and contractors (the facility has not utilized any volunteers in the past 12 months). Ten files represented roughly 20 percent of the facilities staff and two additional files represented two-thirds of the facility's contractors. Each of the files contained documents which inquired about past conduct and background checks; file review found that no applicant(s) had self-admitted nor had documented incidents of sexual abuse or sexual harassment. The required documents were readily accessible, and all files contained the required background check documentation outlined in the policy including Virginia Crime Information Network, FBI, and Child Abuse

Registry checks through CPS. Interviews with the Chief of Security and the Human Resource Manager confirmed that BRJD made its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse.

The auditor confirmed, through an interview with the Human Resources Staff, that BRJD has their own VCIN fingerprint system at the facility and conducts employee criminal background checks annually and/or as a condition of employee promotion, this exceeds the PREA standards requirements. The auditor's review of applicable employee/contractor files indicated that the criminal background records checks were completed annually. Furthermore, upon request from an institutional employer, the facility, will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

All staff interviewed stated they were required to report sexual abuse or sexual harassment of residents including any staff neglect or violation of responsibilities that may contribute to any incident of sexual abuse or sexual harassment; noting that they were all "mandated reporters."

Compliance Determination:

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

## **Standard 115.318: Upgrades to facilities and technologies**

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

### **115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
☐ Yes ☐ No ☒ NA

### **115.318 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
☒ Yes ☐ No ☐ NA

### **Auditor Overall Compliance Determination**



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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.318:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
Facility Layout Map  
Observations during Facility Site Review

#### Interviews Conducted:

Director  
PREA Coordinator/Deputy Director  
Assistant Director

BRJD reported on the Pre-Audit Questionnaire there had been no expansion to the existing facility during the past twelve (12) month, however, they did note an update to their facility camera system as a direct response to PREA facility assessment recommendations; this was further confirmed during interviews with the Director, Chief of Security, and Deputy Director/PREA Coordinator.

BRJD PREA Policy suggests that the facility will consider the effect of any design, acquisition, expansion, or modification may have upon the facility's ability to protect residents from sexual abuse. The facility currently has 67 digital cameras surveilling the facility that provide a total of 118 different views; 42 of the cameras also have audio capabilities. The auditor was able to view all cameras from the control room during on-site observations as well as from the computers in the offices of administration. There were no identifiable blind spots, residents continue to maintain privacy while using the restroom, the camera system allows for digital blackout areas in special purpose cells over the toileting area. The system has a 30 to 60-day retention period. The Chief of Security indicated that he downloads recordings of all PREA related videos and saves those with his PREA files in his office.

The Director, Chief of Security, and PREA Coordinator/Deputy Director indicated that they routinely consider camera placement to ensure that it aids in the monitoring and supervision of residents and staff.

Compliance Determination:

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

## RESPONSIVE PLANNING

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

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

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes   ☐ No   ☐ NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes   ☐ No   ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes   ☐ No   ☐ NA

#### 115.321 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes   ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes   ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes   ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes   ☐ No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.321:

### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD MOU with Albemarle County Police Department (ACPD)  
BRJD MOU with SARA

### Interviews Conducted:

PREA Coordinator/Deputy Director  
Chief of Security  
Medical and Mental Health Staff  
Just Detention International (JDI) (Phone Contact)

BRJD conducts administrative investigations on all reported incidents of alleged sexual abuse and/or sexual harassment; the PREA Coordinator/Deputy Director has the responsibility for the oversight of the administrative investigations. 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 (ACPD) for investigation. In addition to criminal investigations by ACPD, formal investigations may be completed by any combination of the following agencies: Albemarle County Department of Social Services, DJJ, VA State Police, Office of the Inspector General, the FBI, and The Albemarle County Commonwealth Attorney's office. BRJD's role in those instances is to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership, per BRJD PREA Policy, Section X.

BRJD PREA Policy, section X, G., suggests that BRJD will utilize a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is developmentally appropriate for youth and adopted from or otherwise based on the most recent edition of the US Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or from a similarly comprehensive and authoritative protocol developed after 2011. The use of a uniform evidence protocol is also noted in the facility's MOU with ACPD.

BRJD offers all residents that experience sexual abuse, access to forensic medical exams at an outside facility; a copy of the MOU with the University of Virginia Medical Center was provided to the auditor. Forensic exams are provided without financial cost to the resident, are conducted by UVA Hospital by a Sexual Assault Nurse Examiner (SANE) utilizing the UVA Medical Center "Protocol for the Forensic Care of Sexually Assaulted Patients." All efforts to provide SANEs or SAFEs will be documented. There were zero forensic medical exams conducted during the past twelve months. The auditor spoke with UVA Hospital to

ensure that SANE/SAFE services were available at their facility, and they confirmed that they would provide services to any victims coming from BRJD should the need arise.

The Sexual Assault Response Agency (SARA) will provide residents with confidential emotional support services as it relates to sexual abuse. SARA will act as a victim advocate and respond as called upon to support the victim through the forensic medical examination process and investigatory interviews. This auditor reviewed a copy of BRJD's Memorandum of Agreement (MOA) with SARA which outlines the provision of advocacy services for any resident who has or is experiencing sexual abuse, crisis intervention, and information/connection to follow-up services/referrals. Additionally, SARA is also a listed advocate for sexual abuse/harassment reporting. The PREA Coordinator/Deputy Director indicated that SARA victim advocates are extensively trained and able to provide the above-mentioned services to BRJD youth should the need arise. BRJD has identified a qualified staff member for victim advocate services if/when a rape crisis center is not available; the auditor was able to review this staff members licensing credentials.

The PAQ and conversation with the PREA Coordinator/Deputy Director indicated that there were no incidents of sexual abuse in the facility within the past twelve months so there were no forensic medical exams conducted, no SANE/SAFE utilization, and no exams performed by a qualified medical practitioner for review. There were no residents who had experienced sexual abuse at the facility to interview at the time of the on-site 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.

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

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

#### 115.322 (a)

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

#### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.322:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD MOU with ACPD  
BRJD PREA Policy  
Break the Silence Brochure  
Facility Site Review Observations

#### Interviews Conducted:

PREA Coordinator/Deputy Director  
Chief of Security  
Medical and Mental Health Staff  
Interviews with random staff  
Interviews with residents

It is the policy of BRJD (PREA Policy, section X. F.) to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past twelve months there were seven allegations brought forth regarding sexual abuse or sexual harassment, all had an administrative investigation completed, no allegations were substantiated.

All criminal investigations are referred to the Albemarle County Police Department as they hold the legal authority to conduct such investigations. BRJD will also notify the DJJ and Albemarle County Department of Social Services CPS within 24 hours. This information is also noted on the facility website, [www.BRJD.org](http://www.BRJD.org), 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.

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 KidCast 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.

The auditor interviewed staff who are a part of the Incident Review Team, the PREA Coordinator/Deputy Director, Chief of Security, and the Director; they articulated an understanding of the importance and priority of investigating any allegation of sexual abuse, sexual harassment, or sexual misconduct, to its logical conclusion. They also articulated that all referrals of allegations of sexual abuse or harassment for criminal investigation would be documented. The auditor contacted, and confirmed, Albemarle County Police Department is, in fact, the legal authority to conduct criminal investigations. BRJD has taken measures to build a solid working relationship with the ACPD, SARA, UVA SANEs/SAFE's, and CPS for the purpose of creating a safe, humane, and secure environment for all residents that is free of sexual abuse and sexual harassment.

Compliance Determination:

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

## TRAINING AND EDUCATION

## Standard 115.331: Employee training

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

### 115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No
- Does the agency train all employees on all relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

### 115.331 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No



- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.331:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD PREA Refresher PowerPoint  
Training Personnel/Training Records

##### Interviews Conducted:

PREA Coordinator/Deputy Director  
Chief of Security  
Human Resources Staff

## Interviews with Random Staff

BRJD PREA Policy, section V.A., “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.”

The auditor’s interview with the PREA Coordinator/Deputy Director, 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 discussion, quizzes, and PowerPoint presentations. 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 ten staff files selected for document review. 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.

BRJD PREA training is delivered through PowerPoints developed by the MOSS Group which, in keeping with BRJD PREA Policy, Section V.B., are tailored to the unique needs and attributes of residents at BRJD. Additionally, BRJD houses both male and female residents so training addresses both genders. 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 training is conducted several times per year as well; this was confirmed by the auditor through review of staff files and in interviews.

Each employee at BRJD has a training report which tracks training topics, hours of training, and the date training was completed. Training topics and hours are signed and dated by each staff in their personnel files, along with copies of training rosters. 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 specialized staff files reviewed.

**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 meets the standard and no corrective action is required.

## **Standard 115.332: Volunteer and contractor training**

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

#### **115.332 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### **115.332 (b)**

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

#### **115.332 (c)**

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

### **Auditor Overall Compliance Determination**

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

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

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

The following evidence was used to determine compliance for standard 115.332:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD Handbook

BRJD Sexual Misconduct and Harassment: A Guide for Staff, Contractors, and Volunteers

BRJD Staff Training PowerPoint

Module 3 Professional Boundaries

List of Prohibited Actions

Initial Orientation for Contractors

Contractor Guidelines

Volunteer Orientation and Training

Training Personnel/Training Records

Interviews Conducted:

PREA Coordinator/Deputy Director

Chief of Security

Interviews with Contractors

BRJD ensures that all volunteers, interns, and contractors who have contact with residents have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response at the facility; this training is noted in BRJD's PREA Policy (reviewed in §115.331). Per the pre-audit report completed by BRJD, the facility had zero volunteers and five contractors, at the time of the PAQ completion, who have contact with residents and received the above-mentioned training. The auditor interviewed two of the contractors and they indicated that they understood their role in preventing, detecting, and responding to sexual abuse and sexual harassment at BRJD and in accordance with their professional requirements.

Furthermore, the contractors confirmed their understanding of the facility's zero-tolerance policy and how to report incidents, as well as, receipt and review of the Sexual Assault and Harassment A Guide for Staff, Contractors, and Volunteers," through signature on their orientation form (verified by the auditor in Contractor training records).

Compliance Determination:

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

## **Standard 115.333: Resident education**

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

**115.333 (a)**

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

**115.333 (b)**

- Within 10 days of intake, does the agency provide comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

**115.333 (c)**

- Have all residents received the comprehensive education referenced in 115.333(b)?  
☒ Yes ☐ No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
☒ Yes ☐ No

**115.333 (d)**

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

### 115.333 (e)

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

### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.333:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
PREA Juvenile Orientation Video (English and Spanish)  
BRJD Resident Education regarding Zero-Tolerance Form  
Point to Your Language Poster  
Propio Language Line Instructions Poster  
PREA Posters  
Resident File Review  
BRJD Facility Site Review

#### Interviews Conducted:

PREA Coordinator/Deputy Director  
Case Managers/Clinicians  
Interviews with Random Residents

BRJD's PREA policy, Section VII, outlines the education residents receive specifically pertaining to the PREA. During the intake process, residents receive information regarding sexual abuse and sexual harassment:

prevention, self-protection, reporting methods and resources, protection from retaliation, treatment and counseling, the facility's zero tolerance policy for sexual assault, and how to access tools necessary to make a written report. BRJD policy indicates that at the point of intake, all residents receive information explaining, in an age-appropriate fashion, the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The policy also states that BRJD will 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 (reference §115.316). Per the PAQ, there were 103 residents admitted in the past twelve months who were given this information at intake. Full intakes are completed on every resident entering the facility regardless of program placement or transferring facility. 100% of the resident file reviews confirmed receipt of PREA related information at intake. As discussed previously, random staff interviews supported the issuance of this information to all residents at the time of intake; materials are age appropriate in that they are written in plain language, staff also review information verbally with residents to ensure understanding of the presented materials, residents are provided a PREA brochure, watch a PREA overview video, and PREA information is posted throughout the facility. During resident interviews, all eleven interviewees were 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, filing a grievance, telling a parent or PO, and/or speaking with a trusted staff.

According to the PREA Coordinator, all residents receive a comprehensive PREA orientation during their intake process. During the intake process, the tenants of PREA are reviewed and within a few days of admission (always less than ten days per review of resident records), all residents complete a physical assessment with the facility nurse (within five days of admission) and watch the PREA Juvenile Orientation Video at that time. A review of documentation contained in eight resident files show dates and resident's signature confirming PREA education sessions occur in the appropriate time frame (upon every admission regardless of previous admission). There were 103 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 (in Spanish and English) located in the intake area, medical office, all four housing pods, classrooms, and in the gym. PREA information is also on regular rotation on all Cidnet TV broadcast systems throughout the facility. 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, telling a family member who may report the allegation for them, accessing the hotline by phone/Cidnet boxes, or through the completion of a grievance form. The Cidnet boxes also have a text function so residents can report PREA information directly to facility administration; these contacts are timestamped and require response by administration within a reasonable time frame. The Cidnet boxes also have training elements available to residents that include PREA-related information that must be reviewed before personal calls are made on their accounts.

According to the PREA Coordinator, BRJD rarely has admissions who may be hearing impaired or deaf, may have pronounced intellectual, psychiatric, or speech disabilities, or blindness, however, when such

occasions occur, the school system, court service unit, or contracts will be utilized to make accommodations based on the individual need of the resident, if it exceeds the various formats that are already available. During intake, non-English speaking residents are asked to identify their language on the Propio Language chart, additionally, the facility has a contract with Propio for over the phone interpretation services.

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 unit, classroom, and activity room to display rotating informational screens including: PREA information, the Zero Tolerance policy, and the resident handbook, "What you need to know about sexual abuse and harassment."

#### 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 exceeds this standard.

### Standard 115.334: Specialized training: Investigations

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

##### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

##### 115.334 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)



☒ Yes ☐ No ☐ NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  
☒ Yes ☐ No ☐ NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.334:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD Specialized Training Investigations Form  
Review of Employee Training Files

##### Interviews Conducted:

PREA Coordinator/Deputy Director  
Interviews with Specialized Staff (Incident Review Team)

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 includes the Director, PREA Coordinator/Deputy Director of Programs, 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, in-house trainings, and DJJ training. The PREA Coordinator/Deputy Director 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 ACPD for investigation.

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 ACPD 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 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.

In interviews/discussions with the members of the Incident Review Team and a review of the administrative investigations conducted during the last twelve (12) months, the auditor was satisfied with the level of knowledge and competence of the team to conduct a satisfactory administrative investigation.

Auditor is not required to audit provision §115.334(d).

Compliance Determination:

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

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

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

### **115.335 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- 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 victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
☒ Yes ☐ No ☐ NA

#### 115.335 (b)

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

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following evidence was used to determine compliance for standard 115.335:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD SOP PREA Policy

BRJD Specialized Training Med & Mental Health Form

Review of Employee Training Files

Interviews Conducted:

PREA Coordinator/Deputy Director

Interviews with Specialized Staff (Medical and Mental Health)

The auditor was able to verify through interviews and file review that the facility's nurse and mental health clinician had received the basic PREA training and completed specialized training as it relates to their role and the PREA. Both a nurse and a mental health clinician 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'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 clinician confirmed that they have had the PREA basic training and the additional specialized training specific to medical and mental health care and that the facility maintains documentation of this training.

None of the administrative Investigations conducted during the past twelve (12) months required participation from the medical staff. All of the investigations documented the participation of the mental health clinician who addressed accountability, provided services, and/or completed follow-up contact with the necessary parties.

The BRJD nurse, mental health staff, and the PREA Coordinator/Deputy Director 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) at the University of Virginia Hospital for any necessary forensic examinations, as referenced in 115.321(c).

Compliance Determination:

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

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility and periodically throughout the resident's confinement, are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

### 115.341 (b)

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

### 115.341 (c)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (2) The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The physical size and stature of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The resident's level of emotional and cognitive development?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (4) Whether the resident has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (5) The resident's current charges and offense history?  
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender nonconforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (8) Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (9) The resident's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (10) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.341:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

BRJD PREA Intake Screening Vulnerability Assessment Instrument

Mental Health Interview Protocol  
Observations during Facility Site Review  
Resident File Review

Interviews Conducted:  
PREA Coordinator/Deputy Director  
Director  
Interviews with Specialized Staff (Intake, MH, Screening)  
Interviews with Random Residents

BRJD requires that within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, they will obtain and use information about each resident's personal history and behavior thorough use of their Mental Health Interview Protocol and the Resident Screening for Risk of Sexual Victimization or Abusiveness forms to reduce the risk of sexual abuse by or upon a resident. Per records review, there were 103 resident intakes at BRJD in the 12 months preceding the onsite portion of the audit who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. Ten comprehensive resident intake files were reviewed; each contained a resident face sheet and the assessments completed at intake including the mental health interview protocol, Screening for Risk of Sexual Victimization or Abusiveness Form, MAYSI II, Suicide Risk Assessment, Orientation to Zero-Tolerance Form, and medical forms. All forms 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 regarding any history of sexual abuse, their gender identity, any disabilities, and their perception of their own vulnerability. Residents that did recall the follow-up assessments indicated that they happened at various intervals and with various facility personnel; some met with supervisors while others, their case manager or the mental health clinician.

The PREA Coordinator/Deputy Director indicated that there are multiple staff trained to complete screenings/assessments to include resident advisors, shift supervisors, Mental Health Staff, and case managers. The auditor interviewed a staff person responsible for conducting screenings for victimization or abusiveness; they indicated that BRJD uses a number of questionnaires and assessments to obtain information about the resident and inform decisions about placement and programming while detained. After ensuring safety and security concerns are addressed and having new intakes read the zero-tolerance policy posted on the intake wall, residents are searched and showered, issued a uniform, and then the staff completes an initial screening process with the resident that consists of objective screening instruments: a Vulnerability Assessment, a MAYSI-II Questionnaire, and a Mental Health Interview Protocol Assessment. Residents also watch a PREA video (available in English or Spanish).

Per BRJD policy, vulnerability status is reviewed once a week during programs meetings; it was made clear to the auditor that residents are constantly being reassessed for their safety, not only in terms of their sexual safety but for their physical/mental health as well, to address programmatic changes and/or housing unit compatibility. The PREA Coordinator also noted during his interview that residents can be reassessed if ever there is cause for concern about the residents' placement in a particular pod or due to movement for program placement.

The auditor reviewed ten random resident files and noted that each of the files contained the resident's initial assessment, completed within the first 24 hours of admission. All files for residents who had been housed in the facility for more than 30 days contained documentation which supported a resident reassessment had been conducted in accordance with the provision of this Standard and BRJD policy. The vulnerability assessments were completed in their entirety, signed, and dated accordingly by the residents and the staff conducting the (re)assessment.

As noted above, BRJD utilizes an objective screening instrument to complete vulnerability assessments. The BRJD Vulnerability Assessments consists of 17 questions with several checkbox items and areas for further explanation of each response. The form also has space for notifications made to various administrative staff and for medical and MH to notate the provision of informed consent. It is signed by the residents and staff completing the assessment. In conjunction with the Vulnerability Assessment, all new intakes also complete the MAYSI-2. The Massachusetts Youth Screening Instrument (MAYSI-2) is a 52-question screening instrument designed to identify potential mental health needs of adolescents involved in the juvenile justice system. It contains yes/no questions for the youth to indicate their having experienced various thoughts, feelings, or behaviors in the past few months. Answers provide scores on seven scales, including: Alcohol/Drug Use, Angry Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences. Scoring on these two assessments, along with the MH protocol, assists BRJD in determining resident safety, service needs, and placement while detained.

BRJD attempts to ascertain information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain other residents at intake. The assessments conducted at intake ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information.

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.

BRJD does ensure that sensitive information is not exploited to residents' detriment by staff or other residents by securely filing all assessment documentation in the resident files, legal files are kept securely in administration, medical files are double locked in the clinic, and closed files are stored in the education annex and are not accessible, absent cause. During the auditor's review of the resident files, security protocols were discussed with the PREA Coordinator/Deputy Director regarding the timely retrieval, access, and return of all files to the proper location. Employee records are kept in administration. All reports of sexual misconduct are stored securely in the PREA Coordinator's office (reference §115.389(a)). In response to the auditor's inquiry about who in the facility has access to a resident's risk assessment, the PREA Coordinator/Deputy Director and the staff responsible for risk screenings indicated that Supervisors, MH Clinicians/Case Managers, and facility administration had access.



## 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.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.342 (b)

- Does the agency isolate residents from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? ☒ Yes ☐ No
- During any period of isolation, does the agency refrain from denying residents daily large-muscle exercise and any legally required educational programming or special education services? ☒ Yes ☐ No
- Does the agency allow residents in isolation to receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Does the agency allow residents access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

#### 115.342 (c)

- Does the agency house lesbian, gay bisexual, transgender, or intersex residents solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abuse? ☒ Yes ☐ No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the **agency** consider, on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? ☒ Yes ☐ No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.342 (g)

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

#### 115.342 (h)

- If residents are isolated pursuant to 115.342(b), does the facility clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.342 (i)

- Every 30 days, does the facility afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.342:

### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD DOP 117 Classification Plan  
Observations during Facility Site Review  
Resident File Review

### Interviews Conducted:

PREA Coordinator/Deputy Director  
Director  
Interviews with Specialized Staff (Screening, Supervise Isolation, Medical, and MH)  
Interviews with Targeted Residents

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.

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.

An interview with the Director revealed that BRJD 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. Per BRJD PREA Policy, section IX, “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.” A staff who would supervise residents in isolation were interviewed by the auditor; they too indicated that isolation would be a last resort, but still an option, to ensure the sexual safety of a resident. They indicated an awareness that regardless of a resident’s isolation they are still required to have access to programs, privileges, education, and work opportunities. During an interview with the medical staff, they shared that they would check in daily with residents in isolation and more frequently if medical intervention or treatment were necessary. Mental health staff indicated that they are responsible for daily check-ins with residents in isolation as well to assess for safety and provision of counseling services. These check-ins would be documented in the residents’ case notes and included in the investigative case files. Responses in the PAQ indicate that zero residents at risk of sexual victimization were placed 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.

BRJD Policy dictates, “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.” There were no residents that identified as LGBTQ+ during the onsite for participation in the interview process. The PREA Coordinator/Deputy Director verified compliance with this provision as well noting that housing assignments are based on a case-by-case analysis.

There were no transgender or intersex residents at the facility on the day of the audit, however, the PREA Coordinator/Deputy Director affirmed that BRJD makes housing and program assignments for transgender or intersex residents on a case-by-case basis to ensure the residents’ health and safety and determine whether the placement would present management or security concerns. Per policy, A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration. Document review indicates that the current vulnerability assessment inquiries about all residents’ own perception of vulnerability for sexual abuse. The PREA Coordinator/Deputy Director and staff responsible for intakes affirmed that BRJD does not have special housing pods for LGBTI residents.

The PREA Coordinator/Deputy Director further indicated while they have not had any transgender or intersex residents detained for any significant length of time, placement and programming assignments for each transgender or intersex resident would be reassessed at least twice a year to review any threats to safety experienced by the resident; more frequently as necessary. This sentiment was echoed by screening staff as well.

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 policy, which states, “transgender and intersex residents will shower separately.”

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, PREA policy section IX, which requires that if a resident is placed in

isolation pursuant to provision (b) of this standard, the facility shall clearly document: 1) the basis for the facility's concern for the resident's safety; and 2) the reason why no alternative means of separation can be arranged, and 3) a review every 30 days to determine whether there is a continuing need for separation from the general population. During interviews it became clear that 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.

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses residents detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

### 115.351 (c)

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

### 115.351 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.351:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD PREA Poster Residents  
BRJD PREA Poster Employees  
BRJD Resident Manual  
BRJD Resident Guide to Addressing Sexual Misconduct  
Observations during Facility Site Review  
Resident File Review

#### Interviews Conducted:

PREA Coordinator/Deputy Director  
Interviews with Random Staff  
Interviews with Random Residents

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 accepts reports concerning the above matters verbally, in writing, anonymously, and through third parties. The PREA Coordinator/Deputy Director and 100% of the staff interviewed confirmed that these reporting methods were all acceptable and that they would document receipt of all reports, immediately. Residents are encouraged to tell a staff member, send notification to administration through the Cidnet boxes, notify DJJ or CPS, use the pod phone to complete a tollfree call to an emergency hotline, tell a parent/legal guardian, or anyone in the court system. Residents are also informed that they may have assistance in making such a report and will be provided with the necessary tools to do so. PREA information is readily accessible throughout the facility, as the auditor observed during the facility site review, the handbook is issued at intake, PREA information is in regular rotation on the Cidnet TVs, the Cidnet phone system, and reviewed regularly in person.

During 10 random resident interviews, 100% were able to name at least one reporting method, to include: talking to a trusted staff, filling out a grievance form, calling the PREA hotline, notifying supervisors/administration via the Cidnet boxes. 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, in rotation on the Cidnet tv's, on postings throughout the building, and on the phone system.

BRJD's Employee Poster entitled, "A guide for Employees to Report Child Abuse" was noted in the staff break area 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/Deputy Director 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.

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

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

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (c)

- Does the agency ensure that: An resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may an resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA



**115.352 (e)**

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of an resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No  
☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Are parents or legal guardians of a juvenile allowed to file grievances regarding allegations of sexual abuse, including appeals, on behalf of residents? ☒ Yes ☐ No
- Are such grievances conditioned upon the juvenile agreeing to have the request filed on his or her behalf? ☒ Yes ☐ No

**115.352 (f)**

- Has the agency established procedures for the filing of an emergency grievance alleging that an resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).  
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (g)

- If the agency disciplines an resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.352:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD DOP 105 Resident Grievance Procedure

BRJD Resident Manual, Appendix 4

BRJD PREA Policy

BRJD has an administrative procedure for dealing with resident grievances regarding sexual abuse which is outlined in DOP 105 Resident Grievance Procedure. The overall grievance procedure will provide for: 1) Resident participation in the grievance process with assistance from staff upon request; 2) Investigation of the grievance by an objective employee who is not the subject of the grievance; 3) Documented, timely responses to all grievances with the reasons for the decision; 4) At least one level of appeal; 5) Administrative review of grievances; 6) Protection from retaliation or threat of retaliation for filing a grievance; and 7) Hearing of an emergency grievance within eight hours.

Per PREA policy, section X.B, a resident who alleges sexual abuse may submit a grievance without having to submit it to the staff member who is the subject of the complaint, and 2) such grievance is not referred to a staff member who is the subject of the complaint. The resident manual includes information about the grievance process, highlighting that it is a resident's right to do so and that grievances related to sexual misconduct can be submitted without involving a staff member that is the subject of the complaint.

The resident manual informs residents that all grievances are reviewed by a supervisor and/or grievance coordinator and by a BRJD administrator. Furthermore, the handbook suggests that a grievance about sexual abuse/misconduct can be submitted at any time and is considered an emergency grievance which will be answered and/or resolved within eight hours. These grievances are taken seriously and fully investigated.

Per policy BRJD will not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The policy also indicates that residents are not required to use an informal process for resolving grievances alleging sexual abuse or otherwise attempt to resolve with staff any allegations pertaining to sexual abuse. The resident manual and the resident guide to addressing sexual misconduct includes an overview of resident rights and prohibited actions, the types and definitions of sexual abuse/harassment and retaliation, the facility's zero tolerance policy, instructions for reporting, the grievance procedure, a summary of the investigation process, available victim services offered, and a guide to preventing sexual misconduct.

BRJD DOP 105 Resident Grievance Procedure section 5.0 requires that: 1) BRJD will 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 residents in appealing any adverse ruling; 3) BRJD may claim an extension of time to respond, of up to 70 days, 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; and, 5) while the PREA standards suggest that at any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level; BDRJ DOP 105 Resident Grievance Procedure section 4.7 requires that at each level of the grievance, the resident shall be told clearly, in writing, the reasons for the decision. There were no grievances alleging sexual abuse reported during the twelve months preceding the on-site audit. No current residents had reported sexual assault.

BRJD PREA policy, Section X, B. requires that 1) third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. 2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, BRJD will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and will require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. 3) If the resident declines to have the request processed on his or her behalf, BRJD will document the residents' decision. 4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her 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.

Per BRJD DOP 105 Resident Grievance Procedure, section 5.0.D., BRJD will accept emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance, BRJD staff will immediately forward the grievance to a level of review at which immediate corrective action may be taken, provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final decision will document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PREA Coordinator/Deputy Director reported that there have been no emergency grievances alleging risk of imminent sexual abuse during the twelve months preceding the on-site audit.

BRJD DOP 105 Resident Grievance Procedure, section 5.0.D.5., further suggests that any resident who files a grievance, related to alleged sexual abuse, in bad faith (intentionally fabricated allegation) is subject to discipline. This sentiment is also made clear to residents in the resident handbook. 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.

### **Standard 115.353: Resident access to outside confidential support services**

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

##### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

##### **115.353 (b)**

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

##### **115.353 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

#### 115.353 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.353:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
 BRJD Resident Brochure  
 BRJD PREA Posters  
 BRJD Resident Guide to Sexual Misconduct  
 BRJD PREA Employee Poster  
 BRJD and SARA MOU  
 Observations during Facility Site Review  
 Resident File Review

##### Interviews Conducted:

PREA Coordinator/Deputy Director  
 Chief of Security  
 Director  
 Interviews with Random Staff

## Interviews with Random Residents

BRJD 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 residents and these organizations and agencies, in a confidential a manner as possible. These telephone calls are not recorded. Furthermore, 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.

The PREA Coordinator/Deputy Director 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, SARA “agrees to provide the resident (male or female) with confidential emotional support services as it relates to the sexual abuse.” Under the MOU, SARA will also accompany and support the victim through the forensic medical examination process and investigative interviews. SARA will also provide crisis intervention, information and referrals. The auditor conducted a telephone interview with a SARA staff who confirmed that BRJD and SARA maintain a positive working relationship.

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.

70% of the residents interviewed noted that they were aware of available outside support services by name; 30% could not name any agencies specifically but they knew where to find contact information. During interviews, the residents indicated their awareness that certain calls are recorded but acknowledged that calls related to sexual abuse reporting/services are free and confidential. All residents confirmed that the phone system provided free access to a rape crisis/reporting line and advocacy services.

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 exceeds the standard and no corrective action is required.

## Standard 115.354: Third-party reporting

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

### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.354:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD MOU with SARA

BRJD Residents Guide to Sexual Misconduct

BRJD Website: [www.BRJD.org](http://www.BRJD.org)

BRJD Parent Letter

#### Interviews Conducted:

PREA Coordinator/Deputy Director

The PAQ and PREA Coordinator/Deputy Director 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.

Additionally, BRJD mails a letter to the parent/guardian of each resident admission/program participant. The letters contain notification that "BRJD cannot and will not tolerate any form of sexual misconduct. The

BRJD recognizes the worth of each resident and strives to treat residents with respect and dignity. The BRJD maintains a zero-tolerance policy with regard to sexual misconduct.” Parents are then encouraged help maintain a safe environment by reporting any alleged abuse directly to one of multiple BRJD Administration or DSS and provides addresses and phone numbers for each.

Compliance Determination:

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.

The auditor has determined that the facility substantially exceeds the requirements of this standard and no corrective action is necessary.

## OFFICIAL RESPONSE FOLLOWING AN RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (a)

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

#### 115.361 (b)

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

#### 115.361 (c)



- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are such practitioners required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the facility submit the report to the alleged victim's caseworker instead of the parents or legal guardians? ☒ Yes ☐ No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following evidence was used to determine compliance for standard 115.361:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

BRJD Policy Mandated Reporting of Child Abuse and Neglect

Review of Documentation

Interviews Conducted:

PREA Coordinator/Deputy Director

Director

Random Sample of Staff

Medical and Mental Health Staff

BRJD PREA Policy, Section III. 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.

During all staff interviews, it was made clear to the auditor that staff had received training and understood 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.

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 were shared with residents at intake.

BRJD PREA Policy, Section III.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 case worker or court of jurisdiction. Interviews with staff suggest that they understand and respect the sensitive nature of such reports.

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.

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 case worker instead of the parents or legal guardians, and the court of jurisdiction. The PREA Coordinator and Director affirmed this practice, and its immediate occurrence following receipt of allegation, during their interviews with the auditor.

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 Director, 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.

#### Compliance Determination:

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

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

- When the agency learns that an resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.362:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

Interviews Conducted:

PREA Coordinator/Deputy Director

Director

Random Sample of Staff

When BRJD learns 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 III.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."

In response to the auditor's inquiry, the Director stated that if/when he was to learn that a resident is at substantial risk of imminent sexual abuse, he would immediately intervene and remove the resident from the threat, he would then make the necessary changes and accommodations to address the threat. Likewise, the PREA Coordinator/Deputy Director 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 their supervisor, and maintain a greater level of supervision to ensure safety and limit possible victimization of the youth. They noted that 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.

Compliance Determination:

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

## Standard 115.363: Reporting to other confinement facilities

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

#### 115.363 (a)

- Upon receiving an allegation that an resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.363 (b)

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

#### 115.363 (c)

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

#### 115.363 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.363:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD SOP 442 PREA Policy

BRJD SOP 442 Attachment 4 Sexual Assault Serious Incident Report Form

#### Interviews Conducted:

PREA Coordinator/Deputy Director

Director

BRJD PREA Policy, Section III.C., requires that upon receipt of an allegation of alleged sexual abuse from a resident while they were detained at another facility, the Director, or designee, will report such allegation to the head of the facility where the alleged abuse occurred. Requirements to notify the appropriate investigative agency are also to be followed along with any other applicable reporting requirements. The PREA Coordinator/Deputy Director 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 understanding of this requirement and would report as necessary should an allegation of this kind be made.

Furthermore, the Director acknowledged, in accordance with facility policy, 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 and BRJD will document whenever there is such a notification made to another facility regarding allegations of abuse. The Director shared that no such allegations have been made in the past twelve months so there was no documentation available to review adherence to this expectation.

BRJD PREA policy also 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 at BRJD; however, he assured the auditor that if ever such notification were received, a full investigation would be initiated in keeping with PREA standards.

Compliance Determination:

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

## **Standard 115.364: Staff first responder duties**

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

### **115.364 (a)**

- Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
☒ Yes ☐ No
- Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### 115.364 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.364:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
Training Records

##### Interviews Conducted:

PREA Coordinator/Deputy Director  
Targeted Staff (First Responders)

BRJD PREA, section X. C-D., addresses first responder duties and responsibilities. As reported by the PREA Coordinator/Deputy Director 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. Policy requires that staff as first responder, in accordance with the requirements of provision §115.364(a), ensure: 1) the alleged victim and alleged abuser are physically separated; 2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) if the assault occurred within a time period that still allows for collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as

appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and, 4) similar request is made of the alleged abuser regarding preservation of physical evidence.

The auditor interviewed several staff, all of which 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. 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. There were no instances of sexual abuse in the preceding 12 months, regardless, staff were well versed in their responsibilities should such an occasion ever arise.

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. 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.

Compliance Determination:

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

## Standard 115.365: Coordinated response

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

### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does*



*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following evidence was used to determine compliance for standard 115.365:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

BRJD Coordinated Response Flow Chart

Interviews Conducted:

PREA Coordinator/Deputy Director

Director

BRJD PREA Policy, Section X.A., indicates that 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 plan further outlines the process of responding to allegations including notifying supervisors, performing first responder duties (see §115.364), ensuring safety of alleged victim, documenting actions/information, cooperating with investigators and administrators, offering medical and mental health services, conducting investigations, and keeping all parties appropriately informed. The Director and PREA Coordinator were able to summarize the coordinated response plan and identify the various resources available to them to include ACPD, SARA, DSS, DJJ, etc.

Compliance Determination:

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

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

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

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

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

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

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.366:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

Interviews Conducted:

PREA Coordinator/Deputy Director

Director

BRJD Director indicated that the facility does not enter into collective bargaining agreements.

Auditor is not required to audit provision §115.366 (b).

Compliance Determination:

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

## Standard 115.367: Agency protection against retaliation

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

### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

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

#### 115.367 (b)

- Does the agency employ multiple protection measures, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.367 (d)

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

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
☒ Yes   ☐ No

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.367:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD Protection Against Retaliation Form

##### Interviews Conducted:

PREA Coordinator/Deputy Director  
Chief of Security  
Director  
Specialized Staff (Monitor Retaliation)

BRJD PREA Policy, Section XVII. A., 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.

Furthermore, BRJD will employ multiple protection measures to protect residents and staff from retaliation, these measures include housing changes, transfers for residents, removal of alleged staff or resident abusers from contact with victims, and provision of emotional support services for residents or staff who fear retaliation for reporting sexual misconduct and/or for cooperating with investigations. Administration articulated several protective measures that could be utilized to enhance the protection of residents and staff such as assigning residents/staff to different pods, checking in with residents, reviewing camera playback systems, watching for patterns, reviewing disciplinary reports and grievances, monitoring programmatic changes (i.e., increased consequences, isolation, bullying, etc.), and communication with supervisory staff. No residents were being held in isolation as a protective measure at the time of the onsite.

BRJD policy further requires that for at least 90 days following a report of sexual abuse, BRJD administrators or designees will monitor the conduct or treatment of residents and/or staff who reported the sexual abuse and 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. BRJD will act promptly to remedy any such retaliation. BRJD administrators or designees will monitor any resident disciplinary reports, housing/program changes, negative performance reviews and reassignments of staff. BRJD will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

BRJD policy requires that, in the case of residents, monitoring for retaliation shall include periodic status checks. As noted above, the PREA Coordinator/Deputy Director and the Chief of Security are responsible for monitoring retaliation, both indicated that monitoring would continue for as long as necessary (minimally 90 days) and notated 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.

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.

Auditor is not required to audit provision §115.367 (f).

#### Compliance Determination:

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

## Standard 115.368: Post-allegation protective custody

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

#### 115.368 (a)

- Is any and all use of segregated housing to protect an resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.368:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

BRJD DOP 236 Room Confinement, Seclusion, and Segregation

##### Interviews Conducted:

PREA Coordinator/Deputy Director

Director

Specialized Staff (Supervise Isolation, Medical and Mental Health Staff)

BRJD PREA policy, section IX (Isolation), indicates 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. If isolation is utilized, it shall be in accordance with Department of Juvenile Justice regulatory standards and DOP 236, Room Confinement, Seclusion and Segregation. During any period of isolation, BRJD will not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Secure residents in isolation will receive daily visits from a medical or mental health care clinician.

The Director said that BRJD would only utilize isolation as a last resort and that alternative arrangements would be made to keep residents safe. Medical and mental health staff confirmed that isolation has not been used as a protective measure but that if ever it were the nurse stated that they would check in daily with the resident and as necessary for any medical interventions. The mental health clinician 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.

**Compliance Determination:**

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

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

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

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.334? ☒ Yes ☐ No

#### 115.371 (c)

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

**115.371 (d)**

- Does the agency terminate investigations solely because the source of the allegation recants the allegation? ☐ Yes ☒ No

**115.371 (e)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☐ Yes ☒ No

**115.371 (f)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.371 (g)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

**115.371 (h)**

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

**115.371 (i)**

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

**115.371 (j)**

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

**115.371 (k)**



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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.371:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD Incident Report Form  
BRJD Sexual Assault Report Form  
MOU between BJDC and ACPD

##### Interviews Conducted:

PREA Coordinator/Deputy Director  
Investigative Staff

Through review of BRJD PREA policy and interview with the PREA Coordinator/Deputy Director, it is clear that BRJD ensures 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. 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.

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, 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.

- PREA: Investigating Sexual Abuse in a Confinement Setting
- PREA: Your Role Responding to Sexual Abuse

As noted in §115.334, 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 noted in §115.364 and §115.382, 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 with first responders and 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/Deputy Director also suggested that the video playback system would be reviewed and retained for evidentiary purposes and prior reports of sexual abuse involving the suspected perpetrator would be pulled and available to investigative staff for review.

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

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 for the conduct of compelled interviews becomes necessary.

The credibility of an alleged victim, suspect, or witness will not be determined by the person's status as resident or staff. As 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 investigation.

BRJD only conducts administrative investigations; ACPD is responsible for the conduct and documentation of criminal investigations, per the MOU between ACPD and BRJD and BRJD PREA policy, section X.G. 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.

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. 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.

BRJD PREA policy, section X.E. denotes, "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 since the last PREA audit. Furthermore, BRJD policy, 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 seven reports of sexual abuse or harassment in the preceding twelve months and the auditor was able to review each of the investigative files; there were no substantiated allegations. Investigations were thorough and well documented.

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/Deputy Director said that staff would likely be placed on leave during the investigation and that the investigation would continue regardless of the employment status or placement at BRJD.

Auditor is not required to audit provision §115.371 (I).

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 investigation 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.

## Standard 115.372: Evidentiary standard for administrative investigations

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

#### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.372:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

Interviews Conducted:

PREA Coordinator/Deputy Director

Investigative Staff

BRJD does not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated, in accordance with BRJD PREA policy, Section X.E. Investigative staff appear to understand the standard necessary to substantiate an allegation.

Compliance Determination:

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

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

- If the agency did not conduct the investigation into an resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

#### 115.373 (c)

- Following an resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following an resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.373 (d)

- Following an resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
☒ Yes ☐ No
- Following an resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.373:

##### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
Reporting to Residents Form

##### Interviews Conducted:

PREA Coordinator/Deputy Director  
Director  
Investigative Staff

BRJD PREA policy, section X.H., requires that following an investigation into a resident's allegation of sexual abuse suffered in the facility, BRJD will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. BRJD will request all relevant information from the investigative agency in order to inform the resident. As noted previously, criminal investigations are completed by ACPD and the PREA Coordinator/Deputy Director indicated that BRJD will remain abreast of their investigative progress and inform residents of the findings. There was one administrative investigation of alleged sexual abuse in the twelve months preceding the audit, the auditor reviewed the investigative file, the allegation was unsubstantiated.

BRJD PREA policy, section X.H.3. requires that, following a resident's allegation that a staff member has committed sexual abuse against a resident, BRJD will subsequently inform the resident (unless the agency 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 policy requires that following a resident's allegation that he or she has been sexually abused by another resident, BRJD will inform the alleged victim whenever: 1) BRJD learns that the alleged abuser has been indicted on a charge related to sexual misconduct within the facility; or 2) the alleged abuser has been convicted on a charge related to sexual misconduct.

BRJD documents all such notifications or attempted notifications as required by this standard and BRJD policy through use of their "Reporting to Residents" Form. The form reviews all provisions of this standard, notation of type of allegation against a staff member or against another resident, the outcome of the investigation, signatures for who made the notification, and space for additional information.

Auditor is not required to audit provision §115.373 (f).

Compliance Determination:

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

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.376:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

Interviews Conducted:

PREA Coordinator/Deputy Director

According to BRJD policy, section XV. A-B., staff will be subject to disciplinary sanctions up to and including termination for violating BRJD's PREA and/or Harassment Policies. BRJD policy further dictates that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. In the past twelve months there have been zero staff terminated (or resigned prior to termination) for violating the facility's sexual abuse or sexual harassment policies.

Per BRJD PREA policy, section XC.C., disciplinary sanctions for violations of agency policies relating to sexual abuse (other than actually engaging in sexual misconduct) will 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 agency sexual abuse or sexual harassment policies.

All terminations for violations of BRJD's sexual abuse 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.

Compliance Determination:

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

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

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

### **115.377 (a)**

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

### **115.377 (b)**

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

### **Auditor Overall Compliance Determination**

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

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

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

The following evidence was used to determine compliance for standard 115.377:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

BRJD Sexual Misconduct and Harassment Guide: A Guide for Staff, Contractors, and Volunteers

Interviews Conducted:

PREA Coordinator/Deputy Director

Director

Again, BRJD PREA Policy, Section XV.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.

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 abuse or sexual harassment policies by a contractor or volunteer. The Director reported that any contractor or volunteer that violated BRJD sexual abuse or harassment policies would not be allowed in the facility. BRJD reported zero cases of a volunteer or contractor requiring discipline for violation of sexual misconduct policies.

Compliance Determination:

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

## **Standard 115.378: Disciplinary sanctions for residents**

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

#### **115.378 (a)**

- Following an administrative finding that an resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

**115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, do agencies deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services? ☒ Yes ☒ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

**115.378 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

**115.378 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No
- Do agencies require participation in such interventions as a condition to access general programming or education? ☐ Yes ☒ No

**115.378 (e)**

- Does the agency discipline an resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

**115.378 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

**115.378 (g)**

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.378:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD Behavior Management and Disciplinary Process  
BRJD Room Confinement, Seclusion, and Segregation

#### Interviews Conducted:

PREA Coordinator/Deputy Director  
Director  
Medical and Mental Health Staff

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 (substantiated) findings of resident-on-resident sexual abuse.

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.

BRJD requires that the disciplinary process considers 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. The Director affirmed that these factors are considered to determine appropriate sanctions.

BRJD PREA Policy, Section XVI.D. indicates that the facility will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, and consider whether to offer the offending resident participation in such interventions. BRJD will require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. During interviews with medical and mental health staff each confirmed that counseling and therapy is offered to all residents.

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.

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.

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. The PREA Coordinator/Deputy Director suggested that all sexual activity at BRJD will be subject to administrative review at which time a determination will be made regarding sanctions.

#### Compliance Determination:

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

## MEDICAL AND MENTAL CARE

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

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

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a prison 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? (N/A if the facility is not a prison.)  
☒ Yes ☐ No ☐ NA

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a prison 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? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
☒ Yes ☐ No

#### 115.381 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.381:

### Documents Reviewed:

BRJD Pre-Audit Questionnaire

BRJD PREA Policy

BRJD Mental Health Interview Protocol

BRJD Resident Screening for Risk of Sexual Victimization or Abusiveness

Observations during Facility Site Review

### Interviews Conducted:

PREA Coordinator/Deputy Director

Director

Medical and Mental Health Staff

Specialized Staff (Risk Screening)

Random Residents

BRJD PREA policy, section VIII.2., requires that if the risk 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, the resident will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During interviews with staff that perform risk screening, they reported that if the resident discloses prior victimization the resident is offered a follow-up meeting with medical or mental health staff typically within 24 hours of the request. The resident interviewed on the day of the on-site review that had disclosed sexual victimization during their risk screening indicated that they met with mental health staff in a timely manner following their report. The auditor reviewed previous admission files wherein a resident disclosed prior victimization, and it was clear that they had been offered follow-up meetings with mental health staff as required for compliance with this provision.

Likewise, according to BRJD PREA policy, section VIII.4, if the resident is identified through the intake risk screenings 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.

BRJD PREA policy, section VIII.5. dictates that 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/Deputy Director limited staff have access to resident files and they are utilized to inform security and management decisions, treatment planning, housing and programming assignments, and education. Resident program files were observed during the facility site review as being

stored in the administrative area. Medical files are stored in the locked clinic. Upon release, all resident files are in secure locked cabinets in the education annex.

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; they further shared that they review informed consent with the residents while completing the Mental Health Interview Protocol during the intake process. 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.”

Compliance Determination:

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

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

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

### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
☒ Yes   ☐ No

### **115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes   ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes   ☐ No

### **115.382 (c)**

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes   ☐ No

### **115.382 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes   ☐ No



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.382:

### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD MOU with SARA  
BRJD MOU with UVA  
Observations during Facility Site Review

### Interviews Conducted:

PREA Coordinator/Deputy Director  
Medical and Mental Health Staff  
Specialized Staff (First Responders)

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. Both the nurse and mental health clinician maintain secondary records documenting all aspects of their duties, in the instance that sexual abuse was to occur, they would also document the timeliness of emergency medical treatment and crisis intervention services that were provided. All staff, non-health staff included, would document their involvement in such a matter in a significant incident report (cross-reference §115.322 and § 115.351).

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 misconduct 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.

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 that the facility maintains an MOU with UVA Hospital, and they would provide medical services in the instance of sexual assault and then BRJD would adhere to any treatment plan or follow-up services recommended.

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 §115.321(c)).

Compliance Determination:

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

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

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

#### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### **115.383 (b)**

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

#### **115.383 (c)**

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

#### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

### 115.383 (f)

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

### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

### 115.383 (h)

- If the facility is a prison, does it 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? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following evidence was used to determine compliance for standard 115.383:

Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD SOP 442 PREA Policy  
Observations during Facility Site Review

Interviews Conducted:  
PREA Coordinator/Deputy Director  
Medical and Mental Health Staff  
Specialized Staff (Risk Screening)

The nurse and the mental health clinician confirmed that a resident victim of sexual abuse will be offered medical and mental health evaluations, and as appropriate, treatment, regardless of where the sexual abuse happened; in keeping with BRJD PREA policy, section XI.C.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 Hospital, SARA, CPS, and ACPD.

BRJD PREA policy, section XI.C.2., further affirms that the evaluation and treatment of sexual abuse victims will 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 resident victim with this service as confirmed by the auditor during a phone interview.

Per BRJD PREA policy, section XI.C.3., BRJD medical and mental health clinicians will provide resident victims of sexual abuse with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, in accordance with facility PREA policy, section XI.4. Additionally, as indicated in BRJD PREA policy, section XI.C.5., and echoed by medical staff, if pregnancy results from sexually abusive vaginal penetration while at BRJD, victims will be provided timely information about, and access to, all lawful pregnancy related medical services available in the community (cross-reference §115.382c). As required by BRJD PREA policy, section XI.B.3., resident victims of sexual assault while detained shall be offered tests for sexually transmitted infections as medically appropriate.

As previously noted in §115.382, and in keeping with BRJD PREA policy, section XI.B.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.

Per BRJD PREA policy, section XI.C.6., BRJD will attempt to conduct a mental health evaluation of all known 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 provider within 24 hours. Residents also meet regularly with their mental health clinician and/or case manager and are rescreened periodically throughout their stay.

Compliance Determination:

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

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.386:

### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD PREA Sexual Abuse Incident Review Form  
BRJD Sexual Assault Serious Incident Report  
PREA Sexual Assault Report  
Observations during Facility Site Review

### Interviews Conducted:

PREA Coordinator/Deputy Director  
Chief of Security  
Director  
Incident Review Team

BRJD PREA policy, section XIV.A., requires that BRJD 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. The PREA Coordinator/Deputy Director indicated that a BRJD Sexual Assault Serious Incident Report, a PREA Sexual Assault Report, and a BRJD PREA Sexual Abuse Incident Review Form would be completed for each review investigation. Policy also stipulates that the review will occur within 30 days of the conclusion of the investigation. The incident review checklist that BRJD utilizes is well organized, comprehensive, and user friendly. In the past 12 months, there were seven allegations made and an administrative investigation was completed for each. No allegations were substantiated.

The incident review team includes the PREA Coordinator/Deputy Director and the Chief of Security, and will include input from shift supervisors, facility nurse, mental health clinician, and other as necessary and appropriate. The Incident Review Checklist identifies each of these individuals allowing those present to indicate their attendance/participation in the review.

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; or, gang affiliation; or was motivated or otherwise caused by 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, including but not necessarily limited to determinations made pursuant to §115.386, and any recommendations for improvement and submit such report to the Director. During interviews with the Director and PREA Coordinator/Deputy Director, they indicated that each item on the review form would be given serious consideration. Review of the incident review checklist allowed the auditor to verify these considerations were present.

In accordance with BRJD PREA policy, section XIV.E., The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. There were no actionable recommendations noted on the completed incident review forms, which stands to reason considering the incidents did not appear to warrant any facility changes.

#### Compliance Determination:

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

## Standard 115.387: Data collection

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

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### 115.387 (b)

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

#### 115.387 (c)

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

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
☒ Yes ☐ No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.387:

Documents Reviewed:

BRJD Pre-Audit Questionnaire

Review of BRJD website: [www.BRJD.org](http://www.BRJD.org)

Interviews Conducted:

PREA Coordinator/Deputy Director

In accordance with BRJD PREA Policy, Section XVIII.A.1., 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.



BRJD PREA Policy, Section XVIII.A.2., requires that BRJD aggregate the incident-based sexual abuse 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.

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.A.3.

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.A.4. 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.

There are no contractual agreements with any other facilities, per the Deputy Director/PREA Coordinator; thus this provision is not applicable.

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.A.5. The auditor confirmed with the PREA Coordinator that the DOJ has not requested any facility data.

Compliance Determination:

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

## **Standard 115.388: Data review for corrective action**

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

### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

### **115.388 (b)**

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

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.388:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
BRJD PREA Annual Reports  
BRJD Website: [www.BRJD.org](http://www.BRJD.org)

#### Interviews Conducted:

PREA Coordinator/Deputy Director  
Director

As noted in §115.387, and required by BRJD PREA policy, section XVIII.B.1., BRJD will review data collected from all reports of sexual abuse in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and

corrective actions. The PREA Coordinator/Deputy Director is tasked with this responsibility and submits reports to the Director for review and publication. The Director confirmed that he will sign off on the annual reports and then make them available for public viewership via the facility website.

The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of BRJD's progress in addressing sexual misconduct. The auditor's review of the 2022-2024 annual reports indicated that the facility accurately represents sexual abuse data and offers a comparative analysis of the compiled data and overall PREA compliance.

In accordance with BRJD PREA policy, section XVIII.B.4., BRJD will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but will indicate the nature of the material redacted. 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 annual reports to ensure personal identifiers had been removed.

#### Compliance Determination:

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

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

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

##### 115.389 (a)

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

##### 115.389 (b)

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

##### 115.389 (c)

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

##### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.389:

#### Documents Reviewed:

BRJD Pre-Audit Questionnaire  
BRJD PREA Policy  
Facility Site Review

#### Interviews Conducted:

PREA Coordinator/Deputy Director

BRJD PREA policy, section XVIII.C.1. requires that BRJD ensure that data collected on all reports of sexual abuse is securely retained. As noted in §115.387, the PREA Coordinator/Deputy Director reported that resident files are stored securely in the administration area. Upon release, all resident files are in a secure locked cabinet in BRJD's education annex. All reports of sexual abuse are stored securely in the PREA Coordinator's office.

Per BRJD PREA policy, section XVIII.C.2., 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. Before making aggregated sexual abuse data publicly available, BRJD will remove all personal identifiers, as indicated in §115.388.

BRJD PREA policy, section XVIII.C.4., indicates that the facility 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 PREA Coordinators office in the administrative area of the facility until properly destroyed after 10 years from the date of collection.

#### Compliance Determination:

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.401:

Documents Reviewed:

BRJD Records

Observations during Facility Site Review

BRJD's last on-site PREA audit occurred on July 22, 2019. Their final audit report was submitted on February 25, 2020. For the current audit, the on-site portion was conducted January 27 through January 28, 2025. This was past the three year audit cycle due to several administrative changes within BRJD over the past two years. The auditor was able to verify that despite not having a certification audit during the 3-year cycle, BRJD continued to follow PREA standards. The auditor was given full access to, and observed, all areas of BRJD as indicated in the facility characteristics section of this report.

The auditor was permitted to request and receive copies of relevant documents (including electronically stored information) through the OAS, in person during the on-site portion of the audit, and following the on-site visit via email communication with the PREA Coordinator/Deputy Director.

The auditor was permitted to conduct private interviews with residents and staff.

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. No correspondence was received by the auditor at the time of the final audit report.

Compliance Determination:

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

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was used to determine compliance for standard 115.403:

Documents Reviewed:  
BRJD Audit Reports

Interviews Conducted:  
PREA Coordinator/Deputy Director

The BRJD website contains the previous final audit report that was posted within 90 days of issuance by the auditor. The PREA Coordinator/Deputy Director will ensure that the current auditor's final report will be published on the agency's website.

Compliance Determination:

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

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Sara E. Jones, PhD

4/26/25

**Auditor Signature**

**Date**

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

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