

PREA Facility Audit Report: Final

Name of Facility: Virginia Beach Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/27/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Sara E. Jones, PhD.	Date of Signature: 07/27/2022

AUDITOR INFORMATION	
Auditor name:	Jones, Sara
Email:	sjones@merrimac-center.net
Start Date of On-Site Audit:	06/06/2022
End Date of On-Site Audit:	06/08/2022

FACILITY INFORMATION	
Facility name:	Virginia Beach Juvenile Detention Center
Facility physical address:	2533 George Mason Drive, Virginia Beach, Virginia - 23456
Facility mailing address:	2533 George Mason Drive, VIRGINIA BEACH, Virginia - 23456

Primary Contact	
Name:	Christopher Haws
Email Address:	chaws@vbgov.com
Telephone Number:	7573851210

Superintendent/Director/Administrator	
Name:	Kristy Livsey
Email Address:	klivsey@vbgov.com
Telephone Number:	757-385-1224

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site

Name:	Brian Whitley
Email Address:	bwhitle@vbgov.com
Telephone Number:	757-385-1222

Facility Characteristics

Designed facility capacity:	90
Current population of facility:	49
Average daily population for the past 12 months:	44
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	11-20
Facility security levels/resident custody levels:	all security levels
Number of staff currently employed at the facility who may have contact with residents:	73
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

Name of agency:	Virginia Beach Human Services Department
Governing authority or parent agency (if applicable):	
Physical Address:	3432 Virginia Beach Boulevard, Virginia Beach, Virginia - 23452
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Christopher Haws	Email Address:	CHaws@vbgov.com
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.313 - Supervision and monitoring

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-06
2. End date of the onsite portion of the audit:	2022-06-08

Outreach

10. 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="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor contacted Just Detention International (JDI) to inquire if that agency had received any information regarding VBJDC; 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 Chesapeake Forensic Services provides SAFE/SANE services when necessary. The YWCA was also contacted as they provide advocacy services (including accompaniment to SANE/SAFE 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 VBJDC in the preceding twelve months. Additionally, the auditor tested the in-house phones to contact the Child Abuse and Neglect Hotline who indicated that should a report be made, they would pass the information along to the local CPS to follow-up on the allegations.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	90
15. Average daily population for the past 12 months:	41
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	55
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38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees 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):	There were fifty-five (55) residents in the facility on the day of the on-site visit, comprised of 35 JTS (4 of which are Post-D Program), 1 DJJ Intake (state) assessment, and 19 Community Placement Program (state) residents. The auditor identified 16 residents to participate in interviews; five of those residents were released on during the three day on-site so five additional resident interviewees were selected at random. At the time of the on-site, no residents in the facility met the criteria for targeted interviews.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. 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:	65
50. 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 inmates/residents/detainees:	0

51. 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 inmates/residents/detainees:	3
52. 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:	<p>The Virginia Beach Juvenile Detention Center serves the City of Virginia Beach, Virginia. The facility is located in a large municipal complex with many of the government buildings serving Virginia Beach, including the Juvenile and Domestic Relations District Court. Its parent agency is the Human Services Department of the City of Virginia Beach.</p> <p>There are 73 full-time staff positions at VBJDC with 8 vacancies currently. Six staff files were selected randomly for in depth review and included recent hires, tenured staff, and contractors (due to the Coronavirus Pandemic the facility has not been utilizing any volunteers over the past 12 months). The files have recently been relocated from the City HR office to the detention facility for storage and continued use. Each of the files contained criminal history checks, child abuse registry checks, proof of training, and regular review.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<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 <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>A daily population report for June 6, 2022 (1st day of the on-site audit) was provided to the auditor by the PREA Coordinator upon arrival to the facility. The auditor used the report to select random residents for interviews; this was achieved by numbering the list of names sequentially, then utilizing an online number randomizer, and selecting the requisite number of interviewees. The auditor reviewed the identified random interviewees to ensure that there was adequate representation of the facility's diversity. Residents from all housing units were included. On the first day of the audit there were 55 residents in population, both male and female. Only one of the residents in population fit into the PREA identified special populations; however, that resident was released that morning (as scheduled) prior to the auditor being able to conduct an interview. Five of the originally identified youth were released prior to interviews so an additional five were selected to replace them. There was a total of 16 resident interviews completed (34%). The files of eight residents interviewed were randomly selected for review during the onsite audit (including medical and mental health files which contain the risk assessments).</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>0</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate 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 inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. 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 inmates/residents/detainees).</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>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	0
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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 inmates/residents/detainees).</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>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	0
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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 inmates/residents/detainees).</p>	No residents who were blind or had low vision 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>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	0
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. 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 inmates/residents/detainees).</p>	No residents who were deaf or hard of hearing 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>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	0
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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 inmates/residents/detainees).</p>	No residents who were limited English proficient 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>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	0
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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 inmates/residents/detainees).</p>	No residents who identified as LGBTI 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>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	0
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. 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 inmates/residents/detainees).</p>	<p>No residents who identified as LGBTI 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>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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 inmates/residents/detainees).</p>	<p>No residents have reported sexual abuse in this facility thus none 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>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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 inmates/residents/detainees).</p>	<p>No residents who had disclosed prior sexual victimization during risk screening 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>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees 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 inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

b. 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 inmates/residents/detainees).	No residents are held in isolation for risk of sexual victimization per policy; this was confirmed by review of information obtained from the PAQ, documentation review, and discussion with staff and residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	The auditor ensured that selected staff also included a diverse representation of gender, shift, work assignment, tenure, and rank.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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 information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>78. Were you able to interview the PREA Coordinator?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff
- Other

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?

Yes

No

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?

Yes

No

a. Enter the total number of CONTRACTORS who were interviewed:

1

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Most of the VBJDC staff have multiple responsibilities and were interviewed utilizing multiple protocols that correlated to the specialized duties they perform. In the same manner that residents were identified for participation in interviews, so too were staff. The PREA Coordinator shared which staff complete specialized duties, the auditor used a random number generator to identify the requisite number of interviewees and the PREA Coordinator reviewed the generated list and assured the auditor that all selected interviewees allowed for the necessary representation of specialized duties.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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 inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The facility site review took place on the first day of the onsite following the entrance meeting with facility and city administration. The PREA Coordinator 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. The auditor actively engaged with staff, noted 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 audit notifications were posted throughout the facility as well. The auditor heard staff announce their presence on housing pods (§115.315), witnessed resident movement and activity on the pods, verified staffing ratios and inquired about supervision practices (§115.313). The auditor also observed the intake area, the recreation area, the clinic, offices, the visitation rooms, classrooms, the kitchen, and storage areas. Conversation was had with medical staff, case managers, line staff, contractors, and supervisors. The auditor was able to observe the intake, screening, and orientation process as a live application when a new resident arrived during the on-site portion of the audit. The auditor was also able to test the phone lines for PREA reporting purposes and verified its ease of use. 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.</p>

Documentation Sampling

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; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. 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?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>All files were selected in the same manner as interviews, from a randomly generated list of numbers which corresponded to the alphabetical rosters provided to the auditor. The file review consisted of eight (8) comprehensive resident files (which included their corresponding medical and mental health records), six (6) employee 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 14 file reviews. Additional training files were reviewed for the individuals that require specialized PREA training (investigations, mental health, and medical staff).</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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 "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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 "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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 "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations in the twelve months prior to the onsite.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
Inmate-on-inmate sexual abuse investigation files	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	0
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
Staff-on-inmate sexual abuse investigation files	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	0
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
Sexual Harassment Investigation Files Selected for Review	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	0
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	There were no sexual harassments allegations in the twelve months prior to the onsite.

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
Inmate-on-inmate sexual harassment investigation files	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
Staff-on-inmate sexual harassment investigation files	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	VBJDC maintains a zero tolerance for resident-on-resident sexual assault, staff sexual misconduct, and sexual harassment. Procedures are in place for any allegation of sexual assault and harassment to be thoroughly investigated. Any and all administrative and criminal investigations into allegations of sexual abuse are completed by the Virginia Beach Police Department Special Victims Unit. And may be completed in conjunction with the following agencies: Department of Social Services/ Child Protective Services, Department of Juvenile Justice, YWCA, and Chesapeake Forensic Services. There were no cases referred for criminal investigation and zero cases referred for prosecution, in the twelve months preceding the audit. As reported by the PREA Coordinator on the PAQ, review of facility documentation (i.e., incident reviews), and interviews with facility staff, there have been zero allegations of sexual abuse and zero allegations of sexual harassment reported in the past twelve months.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? 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.

Yes

No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? 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.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.311:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC Policy and Procedure 115.311 PREA Zero Tolerance</p> <p>VBJDC PREA Flow Chart</p> <p>VBJDC Organizational Chart</p> <p>Interviews Conducted:</p> <p>VBJDC Superintendent</p> <p>VBJDC PREA Coordinator</p> <p>VBJDC Random Staff</p> <p>VBJDC Random Residents</p> <p>Virginia Beach Juvenile Detention Center (VBJDC) presented a 6 -page written policy, during the pre-audit period, which clearly articulates a mandate for zero tolerance toward all forms of sexual abuse and sexual harassment within their facility. The facility's Policy and Procedure 115.311 PREA Zero Tolerance, established May of 2016, outlines VBJDC'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). VBJDC policy offers comprehensive definitions and clarification of prohibited conduct at VBJDC, 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.</p> <p>Their policy is made evident throughout the facility on posters and framed informational guides. Interviews were conducted with several residents, staff, the PREA Coordinator, and the Superintendent, all of whom affirmed to the auditor that VBJDC 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 standard operating procedures and is provided to staff at hiring and reviewed regularly as confirmed by this auditor's review of random staff training records. All residents are made aware of the facility's PREA policy at the time of intake and the information is reviewed weekly on the housing pods.</p> <p>VBJDC has an appointed upper-level PREA Coordinator. In his interview, the PREA Coordinator 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 position is noted on the facility's Organizational Chart; he is also a Clinician IV and oversees the facility's programs. He works closely with the Assistant Superintendent and reports directly to the Superintendent. He has been at the facility for several years and is highly regarded by his coworkers, residents, and community members. Further discussions, and as evidenced by a review of certifications, the PREA Coordinator has participated in webinars conducted by the PREA Resource Center and the National Institute of Corrections in relation to his role and responsibilities as the PREA Coordinator.</p> <p>The PREA Coordinator described his responsibilities regarding PREA as ensuring that all staff are trained on PREA standards, conducting investigations, monitoring staff and resident interactions, reviewing serious incident reports, maintaining records of PREA related incidents, and ensuring overall PREA compliance. The Superintendent indicated that PREA compliance and the sexual safety of the residents remanded to the facility is a priority. As well, she expressed confidence and support for the PREA Coordinator in his duties and responsibilities and authorized the PREA Coordinator to dedicate any time and effort necessary to ensure the facility's compliance with the PREA Standards.</p>

VBJDC 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 VBJDC policy, interviews with staff, residents, the Superintendent and the PREA Coordinator, the auditor has determined the facility exceeds the standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.312:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC Policy 115.312 PREA Contracting with Other Entities for the Confinement of Residents</p> <p>VBJDC Community Placement Program MOA with Virginia Department of Juvenile Justice</p> <p>Interviews Conducted:</p> <p>Interview with PREA Coordinator</p> <p>Interview with Superintendent</p> <p>Through review of the PAQ and as confirmed by interviews with VBJDC administration, the facility operates independent of other detention facilities and does not contract with other entities for the confinement of residents; therefore, this standard is not applicable. It should be noted that VBJDC provides housing and programming for the Department of Juvenile Justice committed residents in their Community Placement Program (CPP); there is a memorandum of agreement between VBJDC and DJJ for this purpose which indicates the required PREA compliance expectations for both facilities.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility is in compliance with this standard and no corrective action is necessary.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.313:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> VBJDC Pre-Audit Questionnaire VBJDC Policy 115.313 PREA Supervision and Monitoring VBJDC PREA 115.313 Staffing and Facility Assessment (2019,2020,2021) Document Review (Resident/Staff Rosters, Unannounced Rounds/Room Checks) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> PREA Coordinator Superintendent Interviews with Specialized Staff (Intermediate/Higher Level) Interviews with Random Staff Observations during Facility Site Review <p>VBJDC has developed, implemented, and documented a staffing/supervision plan that provides for adequate levels of staffing to protect residents from sexual abuse and sexual harassment; the staffing plan is enhanced by the facility's video monitoring capabilities. VBJDC has had an average daily population (ADP) of 47 residents since the last PREA Audit, on the day of the current on-site review there were 55 residents. The facility presented their Staffing and Facility Assessments for 2019, 2020, and 2021, along with their Annual PREA Reports for 2020 and 2021 for review.</p> <p>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 51 cameras throughout the facility that provide for surveillance of the physical plant thereby increasing VBJDC's sexual safety practices by allowing continuous supervision of resident and staff whereabouts and activities.</p> <p>Per the Pre-Audit Questionnaire, VBJDC had no deviations from the staffing plan during the past twelve months. During interviews with the PREA Coordinator, Youth Service Supervisors, and Counselors (line staff), all attested to the fact that there were no deviations from the staffing plan.</p> <p>Again, per responses in the Pre-Audit Questionnaire and interviews with the PREA Coordinator and Superintendent, there have been zero instances of deviation from the staffing ratios; during the on-site visit, staffing and supervision ratios were confirmed by the auditor's personal observation of the six pods, gym, visitation rooms, and intake. Additional facility observations, by video monitoring and review of pod rosters/work assignments, further confirmed there were deviations in staffing patterns. Interviews of staff from all shifts confirmed that VBJDC maintains a staffing ratio of 1:8 waking and 1:16 sleeping, at all times, in accordance with PREA Standards.</p>

Interviews with the PREA Coordinator and Superintendent support frequent discussions/reviews of the staffing plan, particularly in times of position vacancies. Furthermore, VBJDC completes an Annual PREA Assessment for compliance with the Department of Justice's PREA Standards. The annual assessment is completed by an upper-level staff person and provided to the Superintendent 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 2021 Annual PREA Assessment indicates that consideration was given to lighting and surveillance cameras, identification of blind spots/areas, safety of common areas, radio communications, classrooms, office areas, bathroom areas, visitation areas, resident supervision, and staff development and training. The form is used to identify potential vulnerabilities and make recommendations for improvement. During the facility site review it was shared that a little more than half of the cameras (33) are digital and the remaining analog (18), these cameras are used to enhance visual monitoring of residents and staff; the camera system is older and could benefit from some upgrades. Additionally, there is one camera with audio capabilities in the intake area.

VBJDC policy 115.313, PREA Supervision and Monitoring, (specifically section 3.C., Unannounced Rounds) indicates that the facility is aware and accountable for unannounced rounds conducted by high-level supervisors (at least twice per month on each shift) utilizing their Unannounced Rounds form in an effort to identify and deter sexual abuse and sexual harassment at the facility. It also suggests that supervisors and staff are prohibited from alerting other staff members of their occurrence. The Unannounced Rounds form denotes the date, time, staff, visitors and contractors present, and the activity that was occurring during the round. The round is logged in the control room and the completed and signed form is forwarded to the PREA Coordinator and Operations Coordinator.

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 actually conducting an official unannounced round. The auditor spot-checked documentation of unannounced rounds, provided by the PREA Coordinator as requested, and was able to verify that supervisory staff conduct unannounced rounds on each shift.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility exceeds the requirements for this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.315:
	<p>Documents Reviewed:</p> <p>VBJDC 115.315 PREA Limits to Cross Gender Viewing and Searches</p> <p>VBJDC Module 4 Supervision, Searches, Housing, and Special Populations</p> <p>VBJDC Module 5 Cross Gender Supervision</p> <p>Document Review (Staff Training Forms)</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Random Staff</p> <p>Interviews with Random Residents</p> <p>Observations during Facility Site Review</p> <p>Responses on the Pre-Audit Questionnaire indicate that VBJDC 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, VBJDC policy, 115.315 PREA Limits to Cross Gender Viewing and Searches, requires that all searches and justification for the actions taken are to be documented.</p> <p>Fifteen 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. Sixteen 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 five 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.</p> <p>VBJDC policy, 115.315 PREA Limits to Cross Gender Viewing and Searches, states, "residents are able to shower, preform bodily functions, and change clothing without non-medical personnel 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 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 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 (5) and special purpose cells (1 on each pod) have cameras, but the toileting area is blocked from camera view as confirmed by this auditor during observations.</p>

VBJDC policy, 115.315 PREA Limits to Cross Gender Viewing and Searches, section 3, J. 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 the entrance onto a pod. Additionally, staff indicated that they typically do not conduct room checks on residents of the opposite gender but should circumstance necessitate their doing so, they also announce verbally at each resident's door that they are conducting a check. All resident interviews supported that staff of the opposite gender announce their presence when entering a pod.

VBJDC has verbiage annotated in policy 115.315 PREA Limits to Cross Gender Viewing and Searches, section 3, G, which prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The policy further suggests that if a resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner. Interviews conducted with the PREA Coordinator, and 15 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.

All interviewed staff affirmed the receipt of cross-gender search training as dictated by VBJDC policy, 115.315 PREA Limits to Cross Gender Viewing and Searches, section 4 through use of training Module 4, Supervision, Searches, Housing and Special Populations and Module 5, Cross Gender Supervision. Documentation of training is stored in each employee's training record and were identified in 5 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.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC 115.316 PREA Residents with Disabilities/Limited English Proficient

VBJDC 115.333 PREA Resident Education Intake Posting (Spanish and English)

VBJDC PREA Poster (Spanish and English)

PREA Orientation Video

Interviews Conducted:

PREA Coordinator

Interviews with Staff

Interviews with Specialized Residents

Observations during Facility Site Review

VBJDC'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. VBJDC Policy, 115.316 PREA Residents with Disabilities/Limited English Proficient, addresses the manner in which residents with disabilities will be accommodated to include the provision of any needed services being provided by interpretive services and special education staff. The Pre-audit Questionnaire and the PREA Coordinator stated in the past twelve (12) months, there have been no residents housed in the facility with a hearing, vision, or speech disability.

It was observed during the facility site review that both English and Spanish PREA posters were located throughout the building; Spanish being the second most common language for residents in the facility. There are also Spanish versions of the resident handbook available as warranted. There is access to a language line for interpretive services as needed.

VBJDC 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 VBJDC policy, 115.316 PREA Residents with Disabilities/Limited English Proficient. 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.

Compliance Determination:

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.317:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.317 PREA Hiring and Promotion Decisions</p> <p>VBJDC 115.317 PREA Pre-Hire, Pre-Promotion, Annual Evaluation Questions</p> <p>VBJDC 115.317 PREA Documentation of Employer Contact with Prior Institutions</p> <p>Review of Employee Personnel Files</p>
	<p>Interviews Conducted:</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>Human Resources Staff</p> <p>Assistant Superintendent</p>
	<p>VBJDC's policy 115.317 PREA Hiring and Promotion Decisions 3.a., 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 auditor conducted an interview with the Assistant Superintendent and with the Human Resources Staff, both confirmed the hiring process as outlined above, as did the PREA Coordinator and the Superintendent.</p>
	<p>Throughout the audit, the auditor was afforded unfettered access to the facility's personnel files (employee, contractor, and volunteer) to determine compliance with this provision. The auditor reviewed and confirmed that 100% of the employee personnel files 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).</p>
	<p>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.</p>
	<p>The Pre-Audit Questionnaire revealed that 5 staff had been hired during the past twelve (12) months. Five files were selected randomly and included recent hires, tenured staff, and contractors (due to the Coronavirus Pandemic the facility has not been utilizing any volunteers over the past 12 months). 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 Assistant Superintendent and the Human Resource Manager confirmed</p>

that VBJDC 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 VBJDC conducts employee criminal background checks every five years and/or as a condition of employee promotion, in keeping with facility policy. These background checks are completed by the city's Human Resources Department and the facility receives an email confirming check results. The auditor's review of applicable employee/contractor files indicated that the necessary five-year criminal background records checks were completed accordingly. Furthermore, upon request from an institutional employer, the facility, by way of the city's Human Resources Department, 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.

Compliance Determination:

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

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.318:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.318 PREA Upgrades to Facilities and Technologies</p> <p>Facility Layout Map</p> <p>Observations during Facility Site Review</p> <p>Interviews Conducted:</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>Assistant Superintendent</p> <p>VBJDC reported on the Pre-Audit Questionnaire there had been no expansion or modifications to the existing facility during the past twelve (12) month; this was further confirmed during interviews with the Superintendent, Assistant Superintendent, and the PREA Coordinator.</p> <p>VBJDC Policy 115.318 PREA Upgrades to Facilities and Technologies, dictates 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 51 cameras surveilling the facility. No new cameras have been added since the facility's last audit though some have changed from analog to digital. The auditor was able to view all cameras from the control room during on-site observations; thirty-three cameras are viewable simultaneously. The current system has a 30-day retention period.</p> <p>The Superintendent and PREA Coordinator indicated that they routinely consider camera placement to ensure that it aids in the monitoring and supervision of residents and staff. Currently, the only area with audio monitoring capabilities is the intake area. The system, while functional, is aging and could benefit from a upgrade.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard; no corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.321:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.321 PREA Evidence Protocol Forensic Medical Exams</p> <p>VBJDC National Sexual Assault Exam Protocol</p> <p>YWCA MOA Renewal 2022</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Assistant Superintendent</p> <p>Medical and Mental Health Staff</p> <p>Just Detention International (JDI) (Phone Contact)</p> <p>VA Beach Child Protective Services</p>
	<p>VBJDC conducts administrative investigations on all reported incidents of alleged sexual abuse and/or sexual harassment; the PREA Coordinator 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 Virginia Beach Police Department Special Victims Unit for investigation. Those criminal allegations are also required to be reported to the Department of Social Services' Child Protective Services and Virginia Beach Human Services Department (HSD), per VBJDC policy 115.321 PREA Evidence Protocol Forensic Medical Exams.</p>
	<p>VBJDC policy 115.321, PREA Evidence Protocol Forensic Medical Exams, suggests that VBJDC utilizes 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.</p>
	<p>VBJDC offers all residents that experience sexual abuse, access to forensic medical exams whether on-site or at an outside facility. Forensic exams are provided without financial cost to the resident, are conducted by Chesapeake Forensic Services (CFS). VBJDC policy indicates that such examinations will be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANEs) when possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. All efforts to provide SANEs or SAFEs will be documented.</p>
	<p>YWCA of South Hampton Roads will provide residents with confidential emotional support services as it relates to sexual abuse. YWCA 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 VBJDC's Memorandum of Agreement (MOA) with YWCA 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, YWCA is also a listed advocate for sexual abuse/harassment reporting. Virginia Beach Community Services Board serves as a back-up to YWCA</p>

victim advocacy services. The PREA Coordinator indicated that YWCA victim advocates are extensively trained and able to provide the above mentioned services to VBJDC youth should the need arise.

The PAQ and conversation with the PREA Coordinator 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 experience 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.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC 115.322 PREA Policies to Ensure Referrals of Allegations

VBJDC 115.322 PREA Suspected Chile Abuse Neglect Form

VBJDC Website: www.vbgov.com

Facility Site Review Observations

Interviews Conducted:

PREA Coordinator

Assistant Superintendent

Medical and Mental Health Staff

Interviews with random staff

Interviews with residents

It is the policy of VBJDC (115.322 PREA Policies to Ensure Referrals of Allegations) to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Per PAQ responses, in the past twelve months there were zero allegations brought forth regarding sexual abuse or sexual harassment, therefore there were no criminal nor administrative investigations completed.

All criminal investigations are referred to the Virginia Beach Police Department Special Victims Unit as they hold the legal authority to conduct such investigations. All allegations are also referred to CPS and VB Human Services Department. This policy is published on the Virginia Beach government/facility website and further outlines the responsibilities of the facility and the police department. VBJDC will document allegations of sexual abuse or harassment that are referred for investigation utilizing their "Suspected Chile Abuse or Neglect Form." The auditor was provided with a copy of this form for review.

During the facility site review the auditor noted that PREA information was posted on each pod and throughout the facility, furthermore, residents indicated that they are first introduced to PREA at intake and review PREA policies weekly; as such, all residents interviewed reported that VBJDC 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 the obligation to the safety of the residents and an investigation would be initiated for any allegation of sexual misconduct.

The auditor interviewed staff who are a part of the Incident Review Team, the PREA Coordinator and the Superintendent; 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. VBJDC has taken measures to build a solid working relationship with the VBPD, YWCA, 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.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.331:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.331 PREA Employee Training</p> <p>VBJDC Module 1 Introduction to Sexual Misconduct Prevention, Detection, and Response</p> <p>VBJDC Module 2 Youth Sexuality Dynamics of Victimization in Custody</p> <p>VBJDC Module 3 Working with LGBTQI Youth</p> <p>VBJDC Module 6 Mandatory Reporting</p> <p>VBJDC PREA New Hire Promotions Annual Evaluation Questionnaire</p> <p>VBJDC PREA Staff Education Acknowledgement Form</p> <p>Training Personnel/Training Records</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Assistant Superintendent</p> <p>Human Resources Staff</p> <p>Interviews with Random Staff</p>
	<p>VBJDC policy 115.331 PREA Employee Training, states that all employees, volunteers and contractors who may have contact with residents be trained on: 1. Its 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; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and, 11. Relevant laws regarding the applicable age of consent.</p>
	<p>Interview with the PREA Coordinator confirmed that the facility offers a comprehensive PREA Training curriculum primarily through use of PREA PowerPoints developed by the MOSS Group with information that is specific to Virginia; and provided documentation to support that all current employees received annual PREA training; the auditor was able to review signed forms that staff received and understood their PREA training.</p>
	<p>Interviews with a random sample of staff indicated that the facility ensures a comprehensive PREA training curriculum. 100% of the random staff interviewed reported that they had received comprehensive PREA training and that they do so annually. Documentation of training is stored in each employee's training record and were identified in each of the staff files selected for document review. There is also specialized training required for investigative staff, medical staff, and mental health staff</p>

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.

VBJDC PREA training is delivered through PowerPoints developed by the MOSS Group which are tailored to the unique needs and attributes of residents of juvenile facilities. Additionally, VBJDC 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.

Compliance Determination:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.332:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.332 PREA Volunteer and Contractor Training</p> <p>VBJDC Guidelines for Visitors and Contractors Form</p> <p>Training Personnel/Training Records</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Assistant Superintendent</p> <p>Interviews with Contractors</p>
	<p>VBJDC 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 VBJDC's 115.332 PREA Volunteer and Contractor Training and signed off on the VBJDC Guidelines for Visitors and Contractors Form which is kept in the training records.</p>
	<p>Per the pre-audit report completed by VBJDC, the facility has 16 volunteers and contractors (the majority of which are teachers) who have contact with residents and received the above-mentioned training. The on-site was conducted during the summer months so no education staff was present, however, the auditor interviewed one of the three contractors on-site and they indicated that they understood their role in preventing, detecting, and responding to sexual abuse and sexual harassment at VBJDC and in accordance with their professional requirements.</p>
	<p>Compliance Determination:</p>
	<p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.333:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.333 PREA Resident Education</p> <p>VBJDC 115.333 Resident Education Acknowledgement Form (English/Spanish)</p> <p>VBJDC 115.333 Resident Rights Group</p> <p>VBJDC 115.333 PREA Resident Education Intake Posting (English/Spanish)</p> <p>VBJDC 115.333 PREA Resident Education Sexual Assault Resources</p> <p>PREA Youth Education Video</p> <p>PREA Posters (English/Spanish)</p> <p>Resident File Review</p> <p>VBJDC Facility Site Review</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Case Managers/Clinicians</p> <p>Interviews with Random Residents</p>
	<p>VBJDC's policy 115.333 PREA Resident Education, dictates that residents will receive information specifically pertaining to the PREA at the time of intake. More specifically, it notes that during the intake process, staff shall inform residents in an age-appropriate fashion of 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 VBJDC 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.</p>
	<p>Per the PAQ, there were 268 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. Random staff interviews supported the issuance of PREA information to all residents at the time of intake; confirmed that materials are age appropriate in that they are written in plain language, indicated that residents also view a DVD that reviews comprehensive PREA information at intake, and suggested that staff are also able to verbally respond to resident questions to ensure understanding of the presented materials. The auditor was able to observe an intake during the on-site portion of the audit and confirmed review of PREA related information during the process. During resident interviews, each was able to identify one or more reporting methods for claims of sexual abuse and sexual harassment; residents noted these methods to include making a phone call to the PREA hotline on the resident phones, telling a parent or probation officer, and/or speaking with a trusted staff.</p>
	<p>All residents receive a comprehensive PREA orientation during their intake process and sign that they understand the training they have received. Each Saturday all residents receive additional/follow-up training on PREA during a "Resident's Rights" Group and attendance is noted in the unit binder.</p>

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.

Compliance Determination:

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.334:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.334 PREA Specialized Training Investigations</p> <p>Review of Employee Training Files</p> <p>National Institute of Corrections Website: https://nicic.gov</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Specialized Staff (Incident Review Team)</p>
	<p>VBJDC policy 115.334 PREA Specialized Training Investigations, indicates that Virginia Beach Police Department Special Victims Unit will conduct the investigations for all allegations of sexual abuse and sexual harassment in the facility and therefore their staff will not require specialized training in conducting investigations. Regardless, the PREA Coordinator has completed training in conducting sexual abuse investigations in confinement settings. The VBJDC investigator is the PREA Coordinator. Interview with the investigative team member informed the auditor that this additional training is completed online through the National Institute of Corrections (PREA: Investigating Sexual Abuse in a Confinement Setting), which was documented by a Certificate of Completion in the training files as confirmed by the auditor. The PREA Coordinator noted that VBJDC only conducts preliminary investigations into allegations of sexual abuse and/or sexual harassment and then passes those investigations along to VBPDSVU.</p>
	<p>During the interview with the VBJDC investigator/PREA Coordinator 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. The PREA Coordinator pointed out that the VBPDSVU is responsible for investigations, that VBJDC staff do not have the authority to Mirandize (however, they are familiar with Miranda and Garrity rights), and that evidence collection would be handled by VBPD (VBJDC's responsibility would be to secure the scene and preserve evidence until the time of collection by the appropriate authorities).</p>
	<p>Although the auditor was not able to specifically verify the elements of the NIC training courses taken by the Incident Review Team, the National Institute of Corrections (NIC) is an agency within the U.S. Department of Justice. The National Institute of Corrections' website states, "The Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79) was enacted by Congress to address the problem of sexual abuse of persons in the custody of U.S. correctional agencies...The National Institute of Corrections has been a leader in this topic area since 2004, providing assistance to many agencies through information and training resources."</p>
	<p>NIC is fully recognized for training, technical assistance, information services, and policy/program development assistance to federal, state, and local corrections agencies. In addition, NIC supports PREA through its PREA Learning Center, which offers numerous PREA related e-learning courses.</p>

The PREA Coordinator was able to discuss the PREA policies and practices within the facility with certainty and authority. The auditor felt assured that VBJDC gives serious consideration to all allegations and utilizes their training to prevent, detect, and respond accordingly to sexual abuse and sexual harassment within the facility. The auditor was satisfied with the level of knowledge and competence of the PREA Coordinator to conduct a satisfactory preliminary investigation and felt confident that they would pass the official investigation onto VBPD.

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.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.335:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC Policy 115.335 PREA Specialized Training – Medical and Mental Health Care</p> <p>Review of Employee Training Files</p> <p>National Institute of Corrections Website: https://nicic.gov</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Specialized Staff (Medical and Mental Health)</p>
	<p>VBJDC policy 115.335 PREA Specialized Training – Medical and Mental Health Care, states: "all full and part-time medical and mental health care practitioners who work in the facility receive specialized training" regarding the requirements as defined by PREA standard §115.335(a). The auditor was able to verify through interviews and file review that the facility's nurses and mental health clinicians had received the basic PREA training and completed specialized training through NIC. 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.</p>
	<p>The nurse and the mental health clinician confirmed that they have had the PREA basic training and the additional specialized NIC training modules specific to medical and mental health care and that the facility maintains documentation of this training as confirmed by the auditor in their training files.</p>
	<p>The VBJDC nurse and the PREA Coordinator all attested that the VBJDC medical staff does not conduct forensic examinations, rather they utilize Sexual Abuse Forensic Examiners (SAFE) or Sexual Abuse Nurse Examiners (SANE) with Chesapeake Forensic Services for any necessary forensic examinations, as referenced in 115.321(c).</p>
	<p>Compliance Determination:</p>
	<p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.341: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.341 PREA Obtaining Information from Residents VBJDC 115.341 PREA Vulnerability Screening Form Observations during Facility Site Review Resident File Review Interviews Conducted: PREA Coordinator Superintendent Interviews with Specialized Staff (Intake, MH, Screening) Interviews with Random Residents VBJDC policy 115.341 PREA Obtaining Information from Residents, requires that resident screenings for risk of sexual victimization and abusiveness are conducted within 72 hours of the resident's arrival and periodically throughout a resident's confinement. Per records review, there were 171 resident intakes at VBJDC in the 12 months preceding the onsite portion of the audit whose length of stay was more than 72 hours and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. VBJDC has created its own PREA Vulnerability Screening Form. This assessment instrument is a comprehensive objective screening tool. The vulnerability screening form consists of several sections, each with checkbox items designed to calculate a score indicative of a resident's potential for sexual victimization or predation. Provision §115.341(c) requires that VBJDC shall attempt to ascertain information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain other residents. At a minimum, required intake information should identify: (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. The Vulnerability Assessment addresses each of these requirements on its own. This information is also supported/verified through the numerous questionnaires and assessment tools completed by VBJDC with each resident at the time of their intake. These tools include but are not limited to: the Vulnerability Screening Form, the MASI, an intake medical assessment (which reviews medical history and current health), and a mental health assessment (which assesses prior services, diagnoses, interventions, etc.). The MASI is an instrument used to screen for risk of self-harming behavior, risk of victimization, and any emotional or mental issues which can contribute to an increased risk of victimization. In addition to self-report, staff also utilize conversation with residents during the intake process, during classification assessments, review of court records, case files, and behavioral records, and other relevant documentation to ensure a thorough understanding of the residents' potential for victimization and/or abusiveness. Eight comprehensive resident intake files were reviewed; each contained a resident face sheet, health screening, MASI, mental health assessment, intake medical assessment, and the vulnerability screening form. 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 sixteen 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. When it came to reassessments, their recollection was not as clear; only a few of the residents remembered being asked those types of questions again in an official capacity by mental health staff or the nurse, though most did note that they participated in the weekly PREA review groups on Saturdays.

The auditor interviewed four staff who are responsible for conducting screenings for victimization or abusiveness; they indicated that VBJDC uses a number of questionnaires and assessments to obtain information about the residents and inform decisions about placement and programming while detained. In speaking with staff it was clear 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 pod compatibility.

VBJDC does ensure that sensitive information is not exploited to resident's detriment by staff or other residents by securely filing all assessment documentation in the residents' medical/mental health files, which are kept securely and are not accessible to staff, absent cause. In response to the auditor's inquiry about who in the facility has access to a resident's risk assessment, the PREA Coordinator indicated that medical staff, MH Clinicians/Case Managers, and facility administration had access.

Compliance Determination:

Based on review of VBJDC 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.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.342:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work Assignments</p> <p>Observations during Facility Site Review</p> <p>Resident File Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Interviews with Specialized Staff (Screening, Supervise Isolation, Medical, and MH)</p> <p>Interviews with Targeted Residents</p> <p>VBJDC indicated in their response to the PAQ and in VBJDC Policy 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work, 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. A review of the Vulnerability Screening form indicates that there are three categories to score for vulnerability: vulnerability to victimization, sexually aggressive behavior, and violent aggressive behavior; these are referenced for placement. Specialized staff who conduct risk screenings indicated that intake assessments are reviewed by mental health clinicians and used to inform housing determinations and the level of supervision instituted. The PREA Coordinator indicated that information from the risk screenings allow for classification and housing placements, with an emphasis on separating potential victims from potential abusers, to inform programming, and it also allows for greater awareness for staff when monitoring resident interactions.</p> <p>An interview with the Superintendent revealed that VBJDC does not use "isolation" in the traditional sense, she indicated that there was space, staffing, and programming available for all residents and that arrangements could be made to keep victim and abuser separated without the use of isolation; nonetheless, policy is in place should the safety of a resident require it. The policy to which she was referring, VBJDC policy 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work (3.a), states, "residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, VBJDC will not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation will receive daily visits from a medical or mental health care clinician. Residents will also have access to other programs and work opportunities to the extent possible."</p> <p>Four 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 nurse, she shared that she would check in daily with residents in isolation and more frequently if medical intervention or treatment necessitated. Mental health staff indicated that the clinician and/or case managers are responsible for daily check-ins with residents in isolation to assess for safety and provision of counseling services. These check-ins would be documented in the resident's case notes. Responses in the PAQ indicate that zero residents at risk of</p>

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.

VBJDC Policy 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work (3.b) dictates, "lesbian, gay, bisexual, transgender, or intersex residents will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will VBJDC consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive." The PREA Coordinator verified compliance with this provision as well noting that housing assignments are based on observations and calculations from a range of assessments at intake (and intermittently throughout their detainment) not simply, the resident's gender identity or orientation.

There were no transgender or intersex residents at the facility on the day of the audit, however, the PREA Coordinator affirmed that VBJDC makes housing and program assignments for transgender or intersex residents on a case-by-case basis in an effort to ensure the residents' health and safety and determine whether the placement would present management or security problems, in keeping with VBJDC policy 115.342 (3, c). The PREA Coordinator and staff responsible for intakes affirmed that VBJDC does not have special housing pods for LGBTI residents and indicated that the residents perception of their own safety is also given consideration when making housing and programming placements.

The PREA Coordinator indicated that the facility has not had any transgender or intersex residents on a long-term basis. He suggested that should either be admitted in the future, policy dictates that, their housing and programming assignments be reassessed at least twice a year to review any threats to safety experienced by the resident; more frequently as necessary.

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.

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, Policy 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work (3.g), which requires that if a resident is placed in isolation pursuant to provision (a) 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.

VBJDC policy 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work (3.h) requires that every 30-days, will afford any isolated resident a review to determine whether there is a continuing need for separation from the general population. 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 VBJDC policy, documentation, resident and staff interviews, and the observations notes above, the auditor has determined that the facility is in compliance with this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.351:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.351 PREA Resident Reporting</p> <p>VBJDC 115.351 Mental Health Services Referral</p> <p>VBJDC 115.354 Third Party Reporting Collection of Information</p> <p>VBJDC YWCA MOA FY22</p> <p>VBJDC Module 1 Introduction to Sexual Misconduct Prevention, Detection, and Response</p> <p>VBJDC Module 2 Youth Sexuality Dynamics of Victimization in Custody</p> <p>VBJDC Module 3 Working with LGBTQI Youth</p> <p>VBJDC Module 4 Supervision, Searches, Housing, and Special Populations</p> <p>VBJDC Module 5 Cross Gender Supervision</p> <p>VBJDC Module 6 Mandatory Reporting</p> <p>VBJDC Module 7 First Responder</p> <p>Observations during Facility Site Review</p> <p>Resident File Review</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Random Staff</p> <p>Interviews with Random Residents</p>
	<p>VBJDC 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.</p> <p>During random resident interviews, residents were able to name at least one reporting method, to include: telling a supervisor, talking to a trusted staff, filling out a grievance form, telling a parent or probation officer, and/or calling one of the numbers listed by the pod phones. 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, some pointed out the list of phone numbers posted by the pod phone.</p> <p>As noted above, during the facility site review, the auditor identified multiple locations throughout the facility where information was posted which outlined all methods for reporting, including ways for residents to report abuse or harassment to a public or private entity or office that is not part of VBJDC and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to appropriate parties, allowing the resident to remain anonymous upon</p>

request. In addition to the in-house reporting methods (telling staff, completing a grievance form, informing administration) residents can also report through third parties such as family members, attorneys, or hotline numbers which include: the Child Abuse and Neglect Hotline; the local social services division, local non-emergency police department, and the YWCA. These contacts are available on the pod observed next to each pod phone. The auditor tested the facility phone to call the Child Abuse and Neglect Hotline while on-site; they indicated that any information received from a resident at VBJDC would be passed on to the local CPS for follow-up. The YWCA and JDI reported that they had not received any reports involving VBJDC.

In keeping with VBJDC policy VBJDC 115.351 PREA Resident Reporting (3, a), most residents interviewed shared their awareness of being able to make reports verbally, in writing, anonymously, and through third parties. The PREA Coordinator and 100% of the staff interviewed confirmed that these reporting methods were all acceptable and that they would document receipt of all reports, immediately. Documentation of these reports are completed using the VBJDC 115.351 Mental Health Services Referral and the VBJDC 115.354 Third Party Reporting Collection of Information forms.

In relation to a youth reporting child abuse, neglect, sexual abuse, sexual harassment or retaliation, VBJDC makes available a grievance form for written reports. Residents shared with the auditor that, a grievance form and writing instruments are available to complete a written report and that they also had access to the phone system; none of the current residents had filed a grievance related to sexual misconduct.

VBJDC employees can make private reports directly to the local department of social services, the Child Abuse and Neglect Hotline, and/or the facility administrators. Staff are informed of these procedures during their annual trainings and reminded that all staff are mandated reporters.

Compliance Determination:

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC 115.352 PREA Exhaustion of Administrative Remedies

VBJDC has an administrative procedure for dealing with resident grievances regarding sexual abuse which is outlined in policy 115.352 PREA Exhaustion of Administrative Remedies. The overall grievance procedures indicate: 1) all residents to be oriented, and have access, to the grievance process; 2) VBJDC will not impose a time limit on the submission of grievances related to sexual misconduct; 3) an attempt to resolve grievances within 48 hours of its filing; 4) no requirement of an informal grievance process nor attempt to resolve with staff an alleged incident of sexual abuse, additionally, residents may submit a grievance without submitting it to a staff member who is the subject of the complaint; 5) issuance of a final decision within 90 days of the initial filing; 6) an extension of up to 70 days if the normal time period for response is insufficient to make an appropriate decision, VBJDC will notify the resident in writing of any extension and provide a resolution date; and 7) if VBJDC staff receives an emergency grievance alleging a resident is subject to substantial risk of imminent sexual abuse the staff will immediately forward the grievance to the assistant superintendent and the PREA Coordinator at which level immediate corrective action will be taken as required. 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.

There were no grievances alleging sexual abuse reported during the twelve months preceding the on-site audit. No current residents had reported sexual assault. VBJDC policy outlines the roles and responsibilities of residents, staff, and administration and notes highlights that 1) third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and 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, files a request for administrative remedies relating to allegations of sexual abuse, the Youth Services Supervisor will request that the alleged victim agree to have the request filed on his or her behalf 3) If the resident declines to have the request processed on his or her behalf, VBJDC will document the resident's decision. 4) A parent or legal guardian of a juvenile will be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance will 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. VBJDC reported that there were zero third party reports alleging sexual abuse in the past twelve months. The PREA Coordinator reported that there have been no emergency grievances alleging risk of imminent sexual abuse during the twelve months preceding the on-site audit.

VBJDC policy, 115.352 PREA Exhaustion of Administrative Remedies (5,f), suggests that any resident who files a grievance, related to alleged sexual abuse, in bad faith (intentionally fabricated allegation) is subject to discipline under the direction of the Youth Services Supervisor with the support of the Assistant Superintendent. The facility PAQ responses indicate that there have been no grievances alleging sexual abuse that resulted in disciplinary action by the agency against a resident for having filed a grievance in bad faith.

Compliance Determination:

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC 115.353 PREA Resident Access to Outside Support Service and Legal Representation

VBJDC 115.331 PREA Detainee Module – Preventing Sexual Abuse and Sexual Harassment

VBJDC 115.333 PREA Resident Education – Intake Posting (English/Spanish)

VBJDC PREA Resident Poster

YWCA MOA Renewal 2022

Observations during Facility Site Review

Resident File Review

Interviews Conducted:

PREA Coordinator

Case Managers/Clinicians

Interviews with Random Staff

Interviews with Random Residents

The PREA Coordinator and Superintendent verbalized during on-site interviews that VBJDC provides residents with access to outside victim advocates, YWCA, for emotional support services for residents of sexual abuse. The auditor verified the current MOU between VBJDC and YWCA; in which, YWCA agrees to provide residents with confidential support services as it relates to sexual abuse, respond to request to support victim and family members throughout the forensic medical examination process and investigatory interviews, and a YWCA Crisis Companion will also provide emotional support, crisis intervention, legal advocacy, and information and referrals for continued support.

The majority of the residents interviewed noted that they were aware of available outside support services and, while some could not name any agencies specifically, they knew where to find contact information. During interviews, all residents confirmed that the phone system provides free access to reporting lines and advocacy services.

During the facility site review, posters and contact information for outside support services were readily identifiable next to phones on each pod and in the intake area. The auditor visually inspected the areas designated to phone use, visitation, and PO/Attorney visits; they provide adequate privacy while still allowing for visual monitoring by facility staff for security purposes. During interviews the residents confirmed that they felt as though they had reasonable and private access to their parents/legal guardians and professional visitors; they also acknowledged their ability to access these individuals in person, via phone, and/or in writing.

Compliance Determination:

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

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.354:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.354 PREA Third Party Reporting Collection of Information</p> <p>VBJDC PREA Resident Poster</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>The PAQ and PREA Coordinator indicated VBJDC has established various methods to receive third-party reports of sexual abuse and sexual harassment; these methods include in writing, verbally, telephonically, and anonymously. When receiving a report, VBJDC has created a "Third Party Reporting Collection of Information" form to be completed in an effort to gather as much information as possible about the incident. Potential third parties that residents can report to are listed on the PREA posters on each pod. Furthermore, VBJDC makes these reporting methods known to the public via their website and include names and phone numbers for various entities to whom reports can be made.</p> <p>Compliance Determination:</p> <p>The auditor has determined that the facility meets the requirements of this standard and no corrective action is necessary.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.361:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.361 PREA Staff and Agency Reporting Duties</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Random Sample of Staff</p> <p>Medical and Mental Health Staff</p> <p>VBJDC policy 115.361 PREA Staff and Agency Reporting Duties outlines the need for immediate reporting of any knowledge, suspicion, or information received regarding an incident of child abuse, neglect, sexual abuse, or sexual harassment that occurs in the center, whether it is a part of the center or not; reporting of retaliation against residents or staff who reported such an incident; and reporting any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Additionally, this policy indicates that VBJDC will comply with all applicable mandatory child abuse reporting laws and trainings.</p> <p>During all staff interviews, it was made clear to the auditor that staff understand their role as mandated reporters; they each shared that they would report any knowledge, suspicion, or information related to sexual abuse, harassment, retaliation for reporting, and/or neglect immediately to the appropriate parties and document such reports accordingly. 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 is shared with residents at intake.</p> <p>Furthermore, policy prohibits VBJDC staff from revealing any information related to a sexual misconduct report to anyone other than those who need to know. Upon receiving a report, the PREA Coordinator will report the allegation to the VBPDSVU, CPS, the alleged victim's parent or legal guardian (unless there is official documentation that they should not be informed). All incidents will also be reported to the resident's attorney if they court retains jurisdiction over them and the resident's DSS caseworker if under the guardianship of the child welfare system. Interviews with staff suggest that they understand and respect the sensitive nature of such reports.</p> <p>VBJDC medical and mental health practitioners, like all other facility employees, are required to report sexual abuse to designated administrators, 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. Furthermore, facility policy indicates that medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. All medical and mental health staff stated that they did inform residents of the limits of confidentiality as mandated reporters.</p> <p>There were no allegations of sexual abuse or sexual harassment in the past 12 months. The PREA Coordinator verified during his interview that all allegations, including third-party and anonymous reports, would be shared directly and immediately with investigators at VBPDSVU.</p>

Compliance Determination:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.362:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.362 PREA Agency Protection Duties</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Random Sample of Staff</p> <p>VBJDC policy, 115.362 PREA Agency Protection Duties, requires that "VBJDC take immediate action to protect the resident when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse." The Superintendent and PREA Coordinator, shared with the auditor that all staff are trained to take immediate action to protect the safety of youth. During random staff interviews, every staff member knew exactly what to do if they were to become aware of a resident being at risk of imminent sexual abuse. They stated that they would take immediate action to separate the alleged victim from the alleged perpetrator, inform the supervisor on duty, and maintain a greater level of supervision to ensure safety and limit victimization of the youth. Residents can be moved to a different pod if necessary. The PAQ responses indicate that, in the past twelve months, there were zero instances wherein the facility determined that a resident was subject to substantial risk of imminent sexual abuse.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.363:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.363 PREA Reporting to Other Confinement Facilities</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>VBJDC policy 115.363 PREA Reporting to Other Confinement Facilities requires that upon receipt of an allegation of alleged sexual abuse from a resident while they were detained at another facility, VBJDC will report such allegation to the facility where the alleged abuse occurred and the appropriate investigative agency. The PREA Coordinator reported that there have been zero allegations of this kind reported in the past twelve months, thus no notifications to other facilities have been necessary. The Superintendent confirmed understanding of this requirement and would report as necessary should an allegation of this kind ever be made.</p> <p>Furthermore, the Superintendent 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 VBJDC will document whenever there is such a notification made to another facility regarding allegations of abuse.</p> <p>VBJDC policy requires "the facility head or agency office that received the notification will ensure that the allegation is investigated in accordance with PREA standards." The Superintendent indicated that there have been zero notifications made to VBJDC regarding allegations of sexual abuse that occurred while at VBJDC; however, she assured the auditor that if ever such notification were received, a full investigation would be initiated in keeping with PREA standards.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.364:</p> <p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.364 PREA Staff First Responder Duties</p> <p>Employee Training Records</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Targeted Staff (First Responders)</p> <p>VBJDC policy, 115.364 PREA Staff First Responder Duties, addresses first responder duties and responsibilities. As reported by the PREA Coordinator and confirmed through review of employee training records, all VBJDC 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.</p> <p>The auditor interviewed four staff who are charged with first responder duties. Each of them was able to articulate their understanding of first responder duties and describe the procedures that are required of them to protect residents and preserve the crime scene; staff training related to these duties is outlined in §115.321. Staff shared with the auditor that they are not responsible for actual evidence collection, that is conducted by VBPDSVU; they are required to fully document all knowledge and actions taken regarding allegations of abuse. Responses in the PAQ suggested that in the past twelve months, there were zero allegations of resident sexual abuse.</p> <p>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 per policy.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.365:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.365 PREA Coordinated Response</p> <p>VBJDC 115.365 PREA Coordinated Response Quick Reference</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>VBJDC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse; this plan is outlined in VBJDC policy 115.365 PREA Coordinated Response Quick Reference. This flowchart is enlarged and framed in the intake area. In the event of a reported incident of sexual misconduct, VBJDC will coordinate actions among staff first responders, medical and mental health practitioners, administration, investigators. The flowchart 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, informing VBPD for investigations, monitoring retaliation, and keeping all parties appropriately informed. The Superintendent and PREA Coordinator were able to summarize the coordinated response plan described above and identified the various resources available to them to include VBPDSVU, YWCA, SANE/SAFE in Chesapeake, etc.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.366:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.366 PREA Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>VBJDC Superintendent indicated that the facility does not enter into collective bargaining agreements. VBJDC policy, 115.366 PREA Preservation of Ability to Protect Residents from Contact with Abusers, notes, that VBJDC will refrain from entering into or reviewing any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from having contact with residents pending the outcome of an investigation or of determination of whether, and to what extent, discipline is warranted.</p> <p>Auditor is not required to audit provision §115.366 (b).</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.367:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.367 PREA Agency Protection Against Retaliation</p> <p>VBJDC 115.367 PREA Protection Against Retaliation Form</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Specialized Staff (Monitor Retaliation)</p> <p>VBJDC policy, 115.367 PREA Agency Protection Against Retaliation, indicates that the facility will protect all residents and staff who report sexual misconduct, or cooperate with sexual misconduct investigations, from retaliation by other residents and/or staff. The PREA Coordinator and Assistant Superintendent are charged with monitoring retaliation.</p> <p>Furthermore, VBJDC 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.</p> <p>For at least 90 days following a report of sexual abuse (and 10 days following sexual harassment) the PREA Coordinator and Assistant Superintendent monitor for retaliation. VBJDC will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. This is done utilizing the VBJDC 115.367 PREA Protection Against Retaliation Form which had space for status checks for all involved parties, recommended actions, and a date of completion.</p> <p>The PREA Coordinator articulated several protective measures that could be utilized to enhance the protection of residents and staff such as assigning residents/staff to different pods, graduated consequences for residents, and increased communication with supervisory staff.</p> <p>There have been no allegations of sexual misconduct in the past twelve months and thus no instances of retaliation for reporting to monitor.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.368:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.368 PREA Post-Allegation Protective Custody</p> <p>VBJDC 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work Assignments</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Specialized Staff (Supervise Isolation, Medical and Mental Health Staff)</p>
	<p>VBJDC policy 115.368 PREA Post-Allegation Protective Custody references policy 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work and stipulates that residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. Residents who are segregated due to being a victim of sexual abuse shall be subject to PREA requirements § 115.342. During any period of isolation, VBJDC will not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation will receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p>
	<p>Again, the Superintendent indicated that VBJDC does not use isolation in the traditional sense and that alternative arrangements would be made to keep residents safe; nonetheless, policy is in place should the immediacy of a situation ever require it. Medical and mental health staff confirmed that isolation has not been used as a protective measure but that if ever it were necessary the nurse stated that she would check in daily with the resident and as necessary for any medical interventions. The mental health clinician also reported that he would meet with residents in isolation daily as well and assess for safety regularly. There were zero residents who alleged to have suffered sexual abuse who were placed in isolation in the past twelve months.</p>
	<p>Compliance Determination:</p>
	<p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.371: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.371 PREA Post-Criminal and Administrative Agency Investigations Interviews Conducted: PREA Coordinator Investigative Staff Review of facility policy 115.371 PREA Post-Criminal and Administrative Agency Investigations and interview with the PREA Coordinator, it is clear that VBJDC 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. Two administrative staff comprise the investigative team at VBJDC and are responsible for gathering initial information and passing administrative and criminal investigations on to Virginia Beach Police Department Special Victims Unit (SVU) and The Department of Human Services Child Protective Services (CPS). VBJDC relies on VBPDSVU and CPS to investigate all sexual misconduct matters, as local law enforcement they have the specialized training to conduct investigations, take statements, collect physical evidence, etc. Regardless, VBJDC requires that their investigative team members complete specialized training (as outlined in § 115.334). Each member of the Incident Review Team received training, which was documented by a Certificate of Completion, issued by the National Institute of Corrections. 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, VBJDC 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 VBPDSVU. Interviews with four 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 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, stated that VBJDC would pass along any gathered information to VBPDSVU/CPS who would be responsible for the investigation if/when the quality of evidence appears to support criminal prosecution and the conduct of compelled interviews becomes necessary. Per interview with the PREA Coordinator, 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 devise as a condition for proceeding with an investigation of an allegation, the allegation stands on its own merit and warrants appropriate investigation.

During interviews with the PREA Coordinator and Superintendent they reported that VBJDC requires documentation of all allegations of sexual abuse; this documentation, along with applicable video footage, is provided to VBPDSVU for investigations. All staff are expected to cooperate with the investigative process. The PREA Coordinator is the point of contact for communications with VBPDSVU and CPS. The PREA Coordinator shared that he would remain abreast of investigation progress through regular correspondence via phone, email, and in person as required. It is the practice of VBJDC for the investigative review team to consider whether staff action or failure to act contributed to the abuse.

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.

VBJDC policy, 115.371 PREA Post-Criminal and Administrative Agency Investigations, indicates that the facility will retain all written reports for as long as the alleged abuser is incarcerated or employed by VBJDC, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

VBJDC will not terminate an investigation solely on the departure of the alleged abuser or victim from the employment or control of the facility, per policy. The PREA Coordinator 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 VBJDC.

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

Compliance Determination:

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.372:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.372 PREA Evidentiary Standard for Administrative Investigations</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p>VBJDC does not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated, in accordance with VBJDC policy 115.372 PREA Evidentiary Standard for Administrative Investigations. There have been no allegations at VBJDC and no investigations. During interviews with the auditor, investigative staff appeared to understand the standard necessary to substantiate an allegation.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.373:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.373 PREA Reporting to Residents</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Investigative Staff</p> <p>VBJDC policy, 115.373 PREA Reporting to Residents, requires that following an investigation into a resident's allegation of sexual misconduct suffered in the facility, VBJDC will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. VBJDC will request all relevant information from the investigative agency in order to inform the resident. As noted previously, the PREA Coordinator is the point of contact for investigations conducted by outside agencies and will remain abreast of investigative progress and inform residents of findings.</p> <p>VBJDC policy further requires that, following a resident's allegation that a staff member has committed sexual misconduct against a resident, VBJDC 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) VBJDC learns that the staff member has been indicted on a charge related to sexual misconduct within the facility; or, 4) VBJDC learns that the staff member has been convicted on a charge related to sexual misconduct within the facility.</p> <p>VBJDC policy requires that following a resident's allegation that he or she has been sexually abused by another resident, VBJDC will inform the alleged victim whenever: 1) VBJDC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>VBJDC is responsible for documenting all such notifications or attempted notifications as required by this standard in the resident's case record. Auditor is not required to audit provision §115.373 (f).</p> <p>There were no allegations and no investigations at VBJDC over the past twelve months; thus, no investigative files to review.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.376:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.376 PREA Disciplinary Sanctions for Staff</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>According to VBJDC policy, 115.376 PREA Disciplinary Sanctions for Staff, staff will be subject to disciplinary sanctions up to and including termination for violating VBJDC's sexual abuse or harassment policies. VBJDC policy dictates that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. Furthermore, disciplinary sanctions for violations of the VBJDC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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.</p> <p>All terminations for violations of VBJDC's sexual abuse 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 VBJDC policy.</p> <p>In the past 12 months, there have been no allegations of sexual abuse or harassment so there were no files to review.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.377:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.377 PREA Corrective Action for Contractors and Volunteers</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>It is the policy of VBJDC to prohibit contractors who engage in sexual abuse from having contact with residents. Contractors that engage in sexual abuse will be reported to VBPD, unless the activity was clearly not criminal, and to relevant licensing bodies. Furthermore, VBJDC will take appropriate remedial measures in the case of any other violation of the VBJDC sexual abuse or sexual harassment policies by a contractor.</p> <p>The Superintendent reported that any contractor that violated VBJDC sexual misconduct policies would not be allowed in the facility. VBJDC reported zero cases of a contractor requiring discipline for violation of sexual abuse or sexual harassment policies; there were no files to review.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.378:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.378 PREA Interventions and Disciplinary Sanctions for Residents</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Medical and Mental Health Staff</p> <p>VBJDC policy, 115.378 PREA Interventions and Disciplinary Sanctions for Residents (3, a), indicates that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual misconduct or following a criminal finding of guilt for resident-on-resident sexual misconduct. Per responses on the PAQ, in the past twelve months there have been no instances of resident-on-resident sexual abuse.</p> <p>VBJDC policy further addresses resident sanctions stating, "any disciplinary 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 the event a disciplinary sanction results in the isolation of a resident, VBJDC will not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation will receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible." PAQ responses indicate that there were zero residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.</p> <p>VBJDC requires that the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Superintendent affirmed that these factors are considered to determine appropriate sanctions.</p> <p>VBJDC policy indicates that the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. VBJDC does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. During interviews with medical and mental health staff each confirmed that counseling and therapy is offered to all residents but that their services are not designed to address and correct the underlying reasons for abuse.</p> <p>VBJDC may 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 VBJDC policy. Additionally, per VBJDC policy, 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, VBJDC policy suggests that any resident who files a grievance, related to alleged sexual abuse, in bad faith (intentionally fabricated allegation) is subject to discipline.</p>

VBJDC prohibits all sexual activity between residents and will discipline residents for such activity. VBJDC will not deem such activity to constitute sexual misconduct if it determines that the activity is not coerced. The PREA Coordinator suggested that discipline for sexual activity between residents will be in keeping with the facility's behavior management system.

Compliance Determination:

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.381:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.381 PREA Medical and Mental Health Screenings</p> <p>VBJDC 115.381 PREA Informed Consent</p> <p>VBJDC PREA Authorized Release of Information Form</p> <p>Observations during Facility Site Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Medical and Mental Health Staff</p> <p>Specialized Staff (Risk Screening)</p> <p>Random Residents</p>
	<p>VBJDC policy 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 conduct the risk screening, it was reported that any resident that discloses prior victimization or perpetration of sexual abuse is offered a follow up meeting with mental health or medical staff; this offering is noted on the Vulnerability Assessment Instrument completed at intake. There were no residents at the facility on the day of the on-site that had disclosed previous sexual abuse. The auditor reviewed secondary medical and mental health forms as well as intake assessments pursuant to §115.341, all demonstrate compliance with this provision.</p>
	<p>Likewise, per VBJDC policy, if the resident is identified through the intake 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.</p>
	<p>VBJDC policy 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 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. As reported by the PREA Coordinator limited staff have access to resident files; vulnerability assessments are stored in the resident's mental health file and a copy is given to the PREA Coordinator.</p>
	<p>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; furthermore, residents sign off on informed consent at the time of intake on the vulnerability assessment form and complete the VBJDC PREA Authorized Release of Information Form. This form reviews informed consent and allows residents to indicate to whom they are willing to allow the facility to release information and informs residents that they have the right to revoke authorization should they so desire. The clinician shared that they are very cautious about the dissemination of information and would obtain a resident's consent</p>

before doing so. This practice is supported by VBJDC policy 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.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.382:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.382 PREA Access to Emergency Medical and Mental Health Services</p> <p>Observations during Facility Site Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Medical and Mental Health Staff</p> <p>Specialized Staff (First Responders)</p> <p>The auditor was informed by medical and mental health staff that, although there have been zero reports of sexual abuse at VBJDC 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 VBJDC policy 115.382 PREA Access to Emergency Medical and Mental Health Services.</p> <p>As noted in § 115.364, all VBJDC staff are trained as first responders; during interviews with the auditor they were able to clearly articulate their duties as such, including, in the instance there are no qualified medical or mental health practitioners on duty at the time a report of recent abuse is made, they would take preliminary steps to protect the victim pursuant to §115.362 and immediately notify the appropriate medical and mental health practitioners in keeping with VBJDC policy.</p> <p>The nurse affirmed that, in keeping with VBJDC policy, resident victims of sexual abuse while incarcerated will 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 Chesapeake Forensic Services (CFS) would provide medical treatment in the instance of sexual assault (SANE/SAFE available at CFS) and then VBJDC would adhere to any treatment plan or follow-up services recommended. Sentara Princess Anne would provide services if CFS were not available.</p> <p>VBJDC policy 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.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC 115.383 PREA Ongoing Medical and Mental Health Care

Observations during Facility Site Review

Interviews Conducted:

PREA Coordinator

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 to all residents who have been victimized by sexual abuse in any juvenile facility. The PREA Coordinator noted that a coordinated response would allow them to offer immediate services with community providers including CFS, CPS, and YWCA. VBJDC policy 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.

VBJDC medical and mental health clinicians will provide resident victims of sexual misconduct 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. Additionally, as indicated in VBJDC policy, and echoed by medical staff, if pregnancy results from sexually abusive vaginal penetration while at VBJDC, victims will be provided comprehensive information about, and timely access to, all lawful pregnancy related medical services (cross-reference §115.382). Resident victims of sexual assault while detained shall be offered tests for sexually transmitted infections as medically appropriate.

As previously noted in §115.382, 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.

VBJDC will 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. Mental health staff reported that all residents are screened at intake and have periodic reassessments.

There were no residents that had experienced sexual abuse at the facility to interview and no records of this nature to review as there has been zero reports of 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.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.386:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.386 PREA Sexual Abuse Incident Review Form</p> <p>VBJDC 115.387 PREA Annual Report Template</p> <p>VBJDC 115.387 PREA Incident Based Data Collection – Abuse</p> <p>VBJDC 115.387 PREA Incident Based Data Collection - Harassment</p> <p>VBJDC PREA Report for JDC 2021</p> <p>Observations during Facility Site Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Incident Review Team</p>
	<p>VBJDC policy requires that the facility conduct a sexual abuse incident review within 30 days of the conclusion of every sexual misconduct investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The facility had created two forms for incident reviews; the “Incident-Based Sexual Harassment Data Collection Form” and an “Incident-Based Sexual Abuse Data Collection Form” are utilized to collect and report data following an incident. The forms are comprehensive; they collect details of the incident and include information about any sanctions for the perpetrator and investigation outcome. The forms are user friendly and provide key definitions to assist the staff completing the form.</p> <p>The incident review team includes the Assistant Superintendent, PREA Coordinator, and a Human Service Department Continuous Quality Improvement (CQI) representative, with input from line supervisors, investigators, medical and mental health practitioners, and if warranted, the VBPDSVU lead investigator and/or CPS.</p> <p>VBJDC policy outlines the necessary components for consideration by the review team; during interviews with two members of the incident review team they confirmed that they:</p> <ol style="list-style-type: none"> 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 VBJDC Administrator and PREA compliance manager. <p>The facility will implement the recommendations for improvement, or the superintendent will document the reasons for not doing so.</p>

The facility has not had an incident of sexual abuse, so there were no Sexual Abuse Incident Reviews to review.

Compliance Determination:

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

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.387:
	<p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.387 PREA Incident Based Data Collection – Harassment Form</p> <p>VBJDC 115.387 PREA Data Collection</p> <p>VBJDC PREA Report for 2021</p>
	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p>
	<p>In accordance with VBJDC policy, 115.387 PREA Data Collection, VBJDC will collect accurate, uniform data for every allegation of sexual abuse using the Incident Based Sexual Abuse Data Collection Form (a standardized instrument) and the set of definitions as described in PREA Guidance Document 115.5 General Definitions. Aggregated data is reviewed to improve sexual abuse prevention, detection, and response at the facility and is made available to the public via the facility website.</p>
	<p>VBJDC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews. Policy requires that VBJDC 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 and available at https://www.vbgov.com/government/departments/human-services/social-services/Documents/PREA%20Report%20for%20JDC.pdf. The various roles and responsibilities of those involved in data collection are spelled out in policy. Administration is responsible for this data collection, aggregation, and analysis; the PREA Coordinator reported that all personal identifiers are removed before publication and all collected data will remain in the administration office. The incident-based data collected will 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.</p>
	<p>VBJDC does not contract with any private facilities to confine its residents.</p>
	<p>Upon request, VBJDC will provide all data from the previous calendar year to the Department of Justice no later than June 30 using the memo template, PREA Annual Report (year). The auditor confirmed with the PREA Coordinator that the DOJ has not requested any facility data.</p>
	<p>Compliance Determination:</p>
	<p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.388:</p> <p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.388 PREA Data Review for Corrective Action</p> <p>VBJDC Annual PREA Report 2021</p> <p>VBJDC Website: www.vbgov.com</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>As noted in §115.387, and required by VBJDC policy, VBJDC 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 is tasked with this responsibility and submits reports to the Superintendent for review and publication. The Superintendent confirmed that she will sign off on the annual reports and then make them available for public viewership via the facility website. She also indicated that the collected data is used to inform any necessary adjustments to the facility to ensure the sexual safety of residents and staff.</p> <p>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 VBJDC's progress in addressing sexual abuse. The auditor's review of the 2021 annual report indicated that the facility accurately represents the sexual abuse data and offers a comparative analysis of the compiled data through depiction of allegation types, trends, training, and overall PREA compliance.</p> <p>In accordance with VBJDC policy, and as noted in the annual report, the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the 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 the annual report to ensure personal identifiers had been removed.</p> <p>There were no incidents of sexual abuse at the facility, thus no records to review.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.389:</p> <p>Documents Reviewed:</p> <p>VBJDC Pre-Audit Questionnaire</p> <p>VBJDC 115.389 PREA Data Storage Publication and Destruction</p> <p>VBJDC Website: www.vbgov.com</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>VBJDC policy requires that VBJDC ensure that data collected on all reports of sexual abuse is securely retained. As noted in §115.387, the PREA Coordinator reported that collected data is stored in a secure administration area.</p> <p>Per policy, VBJDC will make all aggregated sexual misconduct data from the facility readily available to the City of Virginia Beach City Auditor and the Human Services Department Continuous Quality Improvement (CQI) Office annually. VBJDC will also make the data public annually through the City of Virginia Beach, Human Services Department, CBJDC website. The auditor's review of the website indicates that this information is indeed available for public review.</p> <p>Before making aggregated sexual misconduct data publicly available, VBJDC will remove all personal identifiers, as indicated in §115.388.</p> <p>VBJDC policy 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.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.401:
	<p>Documents Reviewed:</p> <p>VBJDC Records</p> <p>VBJDC Website: www.vbgov.com</p> <p>Observations during Facility Site Review</p> <p>VBJDC's last on-site PREA audit occurred on May 29 through June 1, 2019. Their final audit report was submitted on July 20, 2019. For the current audit, the on-site portion was conducted June 6-8, 2022. The auditor was given full access to, and observed, all areas of VBJDC.</p> <p>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.</p> <p>The auditor was permitted to conduct private interviews with residents and staff.</p> <p>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.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.403:
	<p>Documents Reviewed:</p> <p>VBJDC Audit Reports</p> <p>VBJDC Website: www.vbgov.com</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>The VBJDC website contains the previous final audit report that was posted within 90 days of issuance by the auditor. The PREA Coordinator will ensure that the current auditor's final report will be published on the agency's website.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

Appendix: Provision Findings

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

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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

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

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring 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

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	no
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	no
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes