

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: 09/13/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
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.	☐
Auditor Full Name as Signed: Sara Jones	Date of Signature: 09/13/2025

AUDITOR INFORMATION	
Auditor name:	Jones, Sara
Email:	sjones@merrimac-center.net
Start Date of On-Site Audit:	06/23/2025
End Date of On-Site Audit:	06/24/2025

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, - 23456

Primary Contact

Name:	Jose Ortiz
Email Address:	jortiz@vbgov.com
Telephone Number:	7573851223

Superintendent/Director/Administrator	
Name:	Christopher Haws
Email Address:	chaws@vbgov.com
Telephone Number:	(757) 385-1210

Facility PREA Compliance Manager	
Name:	Jose Ortiz
Email Address:	jortiz@vbgov.com
Telephone Number:	757-385-1223

Facility Health Service Administrator On-Site	
Name:	Stacey Marshall
Email Address:	samarsha@vbgov.com
Telephone Number:	757-385-1228

Facility Characteristics	
Designed facility capacity:	90
Current population of facility:	44
Average daily population for the past 12 months:	56
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	11-21
Facility security levels/resident custody levels:	All security and custody levels
Number of staff currently employed at the facility who may have contact with residents:	81
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
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:	Elaine Burgess	Email Address:	eburgess@vbgov.com

Facility AUDIT FINDINGS	
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

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-23
2. End date of the onsite portion of the audit:	2025-06-24

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor contacted Just Detention International (JDI) to determine whether any information or complaints had been received regarding VBJDC. JDI confirmed that a review of their records showed no complaints related to the facility within the twelve months prior to the audit. The auditor verified that Chesapeake Forensic Services provides SAFE/SANE services as needed. In addition, the YWCA was contacted and confirmed that it offers advocacy services, including accompaniment to SANE/SAFE examinations, as well as mental health support for victims. The auditor also tested the in-house phone system to contact the Child Abuse and Neglect Hotline. Hotline staff confirmed that any report received would be referred to the local CPS office for follow-up investigation.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	90
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15. Average daily population for the past 12 months:	58
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	55
25. 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
26. 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
27. 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

28. 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
29. 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
30. 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:	1
31. 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
32. 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:	1
33. 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:	3
34. 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

35. 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):	On the day of the on-site visit, VBJDC housed fifty-five (55) residents, including JTS residents, Post-D Program residents, DJJ Intake (state) assessment residents, and Community Placement Program (state) residents. The auditor selected eighteen residents for random interviews and conducted an additional four targeted interviews with residents who met specific criteria.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	70
37. 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
38. 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:	1
39. 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:	The Virginia Beach Juvenile Detention Center (VBJDC) serves the City of Virginia Beach, Virginia. The facility is located within a large municipal complex that also houses several city government buildings, including the Juvenile and Domestic Relations District Court. VBJDC operates under the City of Virginia Beach Human Services Department. The facility has 82 full-time staff positions, with 7 vacancies at the time of the audit. Ten staff files were randomly selected for in-depth review, representing a mix of recent hires, tenured staff, and contractors. Each file contained documentation of criminal history checks, child abuse registry checks, proof of required training, and evidence of ongoing review.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

18

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☒ Length of time in the facility
- ☒ Housing assignment
- ☒ Gender
- ☐ Other
- ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	On June 23, 2025, the first day of the on-site audit, the PREA Coordinator provided the auditor with the facility's daily population report. Using this report, the auditor selected residents for interviews by numbering the resident list sequentially, applying an online number randomizer, and choosing the required number of interviewees. The auditor confirmed that the selection process ensured adequate representation of the facility's diversity, with residents from all housing units included. At the time of the audit, VBJDC housed 55 residents, both male and female. Five residents met the PREA-defined special population criteria; however, one was released on the morning of June 23 before the interview could be conducted. In total, 22 resident interviews were completed, representing 40% of the population. In addition, ten resident files were randomly selected for review during the on-site audit. These files included both medical and mental health records, as well as risk assessments.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. 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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4

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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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 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.
48. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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 with a cognitive or functional disability were identified on the day of the on-site visit. This determination was based on information provided in the PAQ, documentation reviewed during the audit, and interviews with both staff and residents.
49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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 who were blind or had low vision were present on the day of the on-site visit. This determination was based on information obtained from the PAQ, documentation reviewed during the audit, and discussions with staff and residents.
50. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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 who were deaf or hard of hearing were present on the day of the on-site visit. This determination was based on information obtained from the PAQ, documentation reviewed during the audit, and discussions with staff and residents.
51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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 who were limited English proficient were present on the day of the on-site visit. This determination was based on information obtained from the PAQ, documentation reviewed during the audit, and discussions with staff and residents.
52. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	One resident met the special population criteria for identifying as lesbian, gay, or bisexual; however, that individual was released on the morning of the on-site visit. Therefore, no residents who identified as LGBTI were present on the day of the on-site visit, as determined by information obtained from the PAQ, documentation reviewed during the audit, and discussions with staff and residents.
53. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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 who identified as transgender or intersex were present on the day of the on-site visit. This determination was based on information obtained from the PAQ, documentation reviewed during the audit, and discussions with staff and residents.

54. 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:	1
55. 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:	3
56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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 were held in isolation for risk of sexual victimization, in accordance with policy. This was confirmed through information obtained from the PAQ, documentation reviewed during the audit, and discussions with staff and residents.
57. 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

58. Enter the total number of RANDOM STAFF who were interviewed:

14

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☒ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

If "Other," describe:

The auditor confirmed that the selected staff sample included a diverse representation in terms of gender, shift, work assignment, tenure, and rank.

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ No

61. 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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

8

63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. 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
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Most VBJDC staff have multiple responsibilities and were interviewed using protocols aligned with their specialized duties. Staff selection for interviews followed a process similar to that used for residents. The PREA Coordinator provided a list of staff performing specialized duties, and the auditor used a random number generator to select the required number of interviewees. The PREA Coordinator reviewed the generated list and confirmed that the selection ensured appropriate representation of all specialized duties.

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.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. 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)?

☒ Yes

☐ No

73. 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)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	he facility site review was conducted on the first day of the on-site audit following the entrance meeting with administration. The PREA Coordinator provided guidance and information throughout the facility. During the review, the auditor observed and inquired about the facility layout, actively engaged with staff, noted observations, and asked questions as needed. The auditor reviewed camera system operations, identified camera locations throughout the facility, and did not detect any blind spots. PREA-related signage was prominently displayed, including zero-tolerance notifications, toll-free PREA hotline numbers, and local advocacy contacts posted on housing pods near resident telephones. Audit notifications were also posted throughout the facility. Staff were observed announcing their presence on housing pods in accordance with §115.315. The auditor witnessed resident movement and activity, verified staffing ratios, and inquired about supervision practices per §115.313. Additional areas observed included the intake area, recreation area, clinic, offices, visitation rooms, classrooms, kitchen, and storage areas. The auditor engaged in conversations with medical staff, case managers, line staff, and supervisors. Finally, the auditor tested the facility phone lines for PREA reporting and confirmed their accessibility and ease of use.
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.	
77. 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?	☒ Yes ☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

All files were selected using the same process applied to interviews, based on a randomly generated list of numbers corresponding to the alphabetical rosters provided to the auditor. The file review included ten (10) comprehensive resident files, which contained associated medical and mental health records, and ten (10) employee training files. The employee files included background checks, child abuse registry verifications, references, and documentation of the type of training received, including PREA training, for a total of 20 files reviewed. Additional training records were also reviewed for staff members requiring specialized PREA training, including investigative, mental health, and medical personnel.

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.

79. 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	1	0	1	0
Total	1	0	1	0

80. 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	1	0	1	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	3	0	3	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.

81. 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

82. 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	1	0
Total	0	0	1	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.

83. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	1	0	1
Total	0	1	1	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

2

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

All investigations were also reviewed by CPS.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. 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

103. 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

108. 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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC Policy and Procedure 115.311 PREA Zero Tolerance VBJDC PREA Flow Chart VBDHS Organizational Chart VBJDC Organizational Chart

Interviews Conducted:

VBJDC Superintendent

VBJDC PREA Coordinator

VBJDC Random Staff

VBJDC Random Residents

Virginia Beach Juvenile Detention Center (VBJDC) submitted a six-page written policy during the pre-audit period, which clearly establishes a zero-tolerance mandate for all forms of sexual abuse and sexual harassment within the facility. Policy and Procedure 115.311, PREA Zero Tolerance (effective May 2016), outlines the facility's approach to preventing, detecting, and responding to sexual abuse and harassment in alignment with the Prison Rape Elimination Act (PREA) standards. The policy provides comprehensive definitions of prohibited conduct, describes interventions and disciplinary actions, and details the facility's strategies to reduce and prevent sexual abuse and harassment among residents.

The zero-tolerance stance is visibly reinforced throughout the facility by posters and framed informational guides. Interviews with residents, staff, the PREA Coordinator, and the Superintendent confirmed that VBJDC actively maintains a culture of zero tolerance. Staff consistently work to prevent, detect, and respond to any allegation, while residents reported feeling safe and supported. The policy is integrated into the facility's standard operating procedures, provided to staff upon hiring, and regularly reviewed during ongoing training, as confirmed through random training record checks. Residents are informed of the PREA policy at intake, and the information is revisited weekly within housing units.

Although VBJDC operates a single facility, it falls under the Virginia Beach Department of Human Services (VBDHS), which has designated both a PREA Coordinator and a PREA Compliance Manager. VBJDC's upper-level PREA Coordinator also serves as the Continuous Quality Improvement Social Services Supervisor for the City, as reflected in the VBDHS Organizational Chart. The PREA Compliance Manager, who also functions as an Assistant Superintendent at VBJDC, responded on behalf of both positions during the onsite interviews. For consistency, this report refers to him as the PREA Coordinator.

The PREA Coordinator confirmed he has the necessary authority and sufficient time to oversee PREA compliance. He works closely with the other Assistant Superintendent and reports directly to the Superintendent. Though relatively new to the role, he is highly regarded by both staff and residents. Review of certifications and discussions confirmed that he has completed PREA-related training through webinars provided by the PREA Resource Center and the National Institute of Corrections.

The PREA Coordinator's responsibilities include: ensuring all staff receive PREA

	training, delivering PREA education to residents, conducting or assisting in investigations, monitoring staff-resident interactions, reviewing serious incident reports, maintaining PREA-related records, and ensuring overall compliance. The Superintendent, who previously served as PREA Coordinator, emphasized that PREA compliance and resident safety are priorities. He expressed strong confidence in the current PREA Coordinator and fully supports his authority to dedicate the time and resources necessary to maintain compliance with PREA standards. Compliance Determination: Based on review of VBJDC policies, staff training records, interviews with residents, staff, the Superintendent, and the PREA Coordinator, the auditor concludes that no corrective action is required. The facility exceeds the standard.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC Policy 115.312 PREA Contracting with Other Entities for the Confinement of Residents VBJDC Community Placement Program MOA with Virginia Department of Juvenile Justice Interviews Conducted: Interview with PREA Coordinator Interview with Superintendent Through review of the PAQ and confirmation from VBJDC administration, it was determined that the facility operates independently and does not contract with other juvenile detention centers for the confinement of its residents. However, VBJDC does provide housing and programming for Department of Juvenile Justice (DJJ) committed youth through the Community Placement Program (CPP). This arrangement is governed by a memorandum of agreement (MOA) between VBJDC

	and DJJ, which clearly outlines PREA compliance expectations. VBJDC Policy 115.312, PREA Contracting with Other Entities for the Confinement of Residents, assigns the PREA Coordinator authority to oversee facility compliance with PREA standards and enforce related policies and procedures. The MOA with DJJ, Section IX, further specifies that in addition to VBJDC’s self-monitoring, DJJ will conduct both announced and unannounced compliance reviews, including onsite monitoring. The agreement also stipulates that failure to comply with PREA standards may result in termination of the partnership. Compliance Determination: Based on the evidence reviewed, including policy, documentation, and interviews, the auditor finds VBJDC to be in compliance with this standard. No corrective action is required.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.313: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC Policy 115.313 PREA Supervision and Monitoring VBJDC PREA 115.313 Staffing and Facility Assessment (2022,2023,2024) Document Review (Resident/Staff Rosters, Unannounced Rounds/Room Checks) Interviews Conducted: PREA Coordinator Superintendent Interviews with Specialized Staff (Intermediate/Higher Level) Interviews with Random Staff Observations during Facility Site Review

VBJDC has developed, implemented, and documented a staffing and supervision plan designed to ensure adequate levels of supervision to protect residents from sexual abuse and sexual harassment. The plan is strengthened by the facility's video monitoring system. Since the last PREA Audit, VBJDC has maintained an average daily population (ADP) of 45 residents; at the time of the current onsite review, there were 55 residents. For review, the facility provided its Staffing and Facility Assessments for 2022, 2023, and 2024, along with the 2024 Annual PREA Report.

Review of the staffing plan confirmed a structured process for evaluating current staffing, identifying potential changes, and planning for future needs. Consideration is given to the facility's physical plant, resident population characteristics, supervisory staff placement, program operations across all shifts, and applicable state and local regulations—addressing all eleven provisions of PREA Standard 115.313(a). In addition, 66 cameras throughout the facility enhance safety by allowing continuous surveillance of staff and resident movement and activities.

According to the Pre-Audit Questionnaire, there were no deviations from the staffing plan during the past twelve months. This was further confirmed in interviews with the PREA Coordinator, Youth Service Supervisors, and line staff. The PREA Coordinator and Superintendent also confirmed that staffing ratios have been consistently maintained. During the onsite review, the auditor verified staffing and supervision ratios through direct observation of the six housing pods, gym, visitation rooms, and intake, as well as through video monitoring, review of pod rosters and work assignments, and documentation of unannounced rounds. Interviews with staff across all shifts further confirmed that VBJDC maintains staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, in full compliance with PREA standards.

The PREA Coordinator and Superintendent reported regular review and discussion of the staffing plan, particularly during periods of staff vacancies. VBJDC also conducts an annual PREA assessment to ensure continued compliance with DOJ standards. Completed by an upper-level staff member and reviewed by the Superintendent, the assessment evaluates factors such as lighting, surveillance coverage, blind spots, safety of common areas, communications systems, classrooms, bathrooms, visitation areas, and staff training. The 2022–2024 assessments demonstrated proactive identification of vulnerabilities and recommendations for improvement. Since the last audit, upgrades to the camera and audio systems have further enhanced supervision capabilities.

VBJDC Policy 115.313 (PREA Supervision and Monitoring), specifically Section 3.C. on Unannounced Rounds, requires high-level supervisors to conduct unannounced rounds at least twice per month on each shift to identify and deter sexual abuse and harassment. Supervisors are prohibited from providing advance notice of these rounds. Documentation of rounds includes the date, time, staff, visitors or contractors present, and observed activities. These forms are logged in the control room, then forwarded to the PREA Coordinator and Operations Coordinator. The auditor reviewed a sample of Unannounced Rounds forms, confirming consistent

	compliance with policy. Interviews with supervisors and staff indicated strong familiarity with the requirement, and both staff and residents confirmed that supervisors are regularly present on the housing pods, making it difficult to distinguish when an official unannounced round is taking place. Compliance Determination: Based on policy review, documentation, observations, and staff and resident interviews, the auditor concludes that VBJDC exceeds the requirements of this standard.
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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: Documents Reviewed: VBJDC 115.315 PREA Limits to Cross Gender Viewing and Searches VBJDC Module 4 Supervision, Searches, Housing, and Special Populations VBJDC Module 5 Cross Gender Supervision Document Review (Staff Training Forms) Interviews Conducted: PREA Coordinator Interviews with Random Staff Interviews with Random Residents Observations during Facility Site Review Responses on the Pre-Audit Questionnaire, consistent with VBJDC Policy 115.315 (PREA Limits to Cross-Gender Viewing and Searches), confirm that the facility does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches, except in exigent circumstances or when performed by medical practitioners. In the past twelve months, there were zero cross-gender searches of any kind. Policy requires that all searches, along with

justification for the action, be documented.

The auditor interviewed fourteen randomly selected direct-care staff from all shifts. Staff were able to articulate circumstances that might constitute an exigent situation (e.g., hurricane, fire, riot), but consistently stated they had never—and would not—perform cross-gender searches, as staffing levels ensure adequate same-gender coverage. Eighteen randomly selected residents were also interviewed, and 100% confirmed they had never been subject to cross-gender searches. Review of ten random resident files revealed no documentation of cross-gender searches. Staff rosters further demonstrate an appropriate male/female staffing balance that eliminates the need for cross-gender searches.

Policy requires residents be able to shower, use the toilet, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine checks. During the onsite review, the auditor verified that facility design—including single-occupancy showers—supports resident privacy. Camera placement was reviewed from master control, confirming that shower and toileting areas are not visible. Both staff and residents affirmed that cross-gender viewing does not occur, that privacy is respected, and that all residents, including transgender or intersex youth, shower individually with same-gender staff supervision outside the bathroom door. No cameras are located in resident rooms; while intake and special-purpose cells are monitored, camera views intentionally block toileting areas.

Policy also requires staff of the opposite gender to announce their presence upon entering a housing unit. All staff interviewed confirmed compliance, and the auditor observed multiple announcements during the site review. Residents consistently reported that opposite-gender staff announce their presence when entering pods and, if conducting room checks, verbally announce at each door.

VBJDC policy prohibits staff from searching or physically examining transgender or intersex residents for the sole purpose of determining genital status. Instead, staff are directed to rely on resident self-disclosure, medical records, or private medical examinations conducted by a healthcare professional. Interviews with the PREA Coordinator and staff confirmed awareness and compliance with this requirement. There were no transgender or intersex residents at the time of the onsite, so no resident interviews specific to this policy were conducted.

All staff interviewed verified that they had received training on cross-gender supervision and searches, as outlined in VBJDC policy and delivered through Module 4 (Supervision, Searches, Housing, and Special Populations) and Module 5 (Cross-Gender Supervision). Review of ten random staff training files and training rosters confirmed training completion and refresher training within the past year.

Compliance Determination:

Based on policy review, staff and resident interviews, file review, and onsite observations, the auditor concludes that VBJDC fully meets this standard. 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 has established procedures to ensure residents with disabilities have equal access to 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) outlines accommodations available to residents with disabilities, including the use of interpretive services and special education staff. According to the Pre-Audit Questionnaire and the PREA Coordinator, no residents with hearing, vision, or speech disabilities were housed at the facility in the past twelve months. During the site review, the auditor observed PREA informational posters displayed in both English and Spanish throughout the facility. Spanish-language resident handbooks are available as needed, and staff have access to a language line for interpretation services. VBJDC policy prohibits the use of resident interpreters, readers, or assistants except

	in exigent circumstances when delays in obtaining professional services could compromise resident safety, the duties of first responders, or the investigation of allegations. The PAQ indicated that in the past twelve months, no resident interpreters, readers, or assistants were used. Random staff interviews confirmed they understood that resident interpreters could only be used under exigent circumstances and that any such instance would be documented. Compliance Determination: Based on policy review, documentation, staff interviews, and facility observations, the auditor finds VBJDC in compliance with this standard. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.317 PREA Hiring and Promotion Decisions VBJDC 115.317 PREA Pre-Hire, Pre-Promotion, Annual Evaluation Questions VBJDC 115.317 PREA Documentation of Employer Contact with Prior Institutions Email from VB Human Resources re: Background Checks Review of Employee Personnel Files Interviews Conducted: Superintendent PREA Coordinator Human Resources Staff VBJDC Policy 115.317 (PREA Hiring and Promotion Decisions) prohibits the hiring or promotion of any individual, or the enlistment of contractors who may have contact

with residents, if they:

- Have engaged in sexual abuse in any correctional or juvenile facility;
- Have been convicted of engaging or attempting to engage in sexual activity facilitated by force, coercion, or involving a victim unable to consent or refuse; or
- Have been civilly or administratively adjudicated for such conduct.

The auditor interviewed the PREA Coordinator, Human Resources (HR) staff, and the Superintendent, all of whom confirmed that hiring and promotion practices align with policy.

The auditor was provided unrestricted access to personnel files for employees, contractors, and volunteers. Review confirmed that 100% of files examined contained criminal background checks and documented questions regarding past conduct, consistent with PREA requirements.

During interviews, HR staff explained that substantiated incidents of sexual harassment are considered disqualifying when determining eligibility for hire or promotion. This practice also applies to contractors with resident contact. All candidates for employment, teaching positions, or roles requiring one-on-one contact with residents complete the PREA Pre-Hire, Pre-Promotion, Annual Evaluation Questionnaire (per Policy 115.317, Section 4.a.), which requires disclosure of past misconduct. Policy further specifies that omissions or materially false information are grounds for termination.

The Pre-Audit Questionnaire reported 10 staff hires in the past 12 months. The auditor reviewed 10 randomly selected files representing recent hires, long-term employees, and contractors. Each contained documentation of background checks and disclosures related to prior conduct. No applicant self-reported, nor was there any documented history of, sexual abuse or harassment. Required checks—including Virginia Crime Information Network, FBI, and Child Protective Services/Child Abuse Registry clearances—were present in each file.

The Superintendent and HR Manager confirmed that VBJDC makes every effort to contact prior institutional employers regarding substantiated allegations of sexual abuse or resignations during investigations.

Interviews with HR further confirmed that criminal background checks are required every five years and upon promotion. These are conducted by the City's HR Department, with results communicated back to VBJDC. File review revealed occasional lapses in timely documentation of five-year checks. However, documentation from Virginia Beach HR (email dated 6/24/25) indicates that beginning Summer 2025, all JDC staff will undergo simultaneous five-year background checks, regardless of individual hire date, to ensure consistency. Additionally, upon request from institutional employers, VBJDC provides information about substantiated allegations of sexual abuse or harassment involving former employees.

	All staff interviewed affirmed their obligation to report any sexual abuse, sexual harassment, staff neglect, or violations of duty that could contribute to such incidents. Compliance Determination: Based on policy review, personnel file audits, documentation, and staff interviews, the auditor concludes that VBJDC meets the requirements of this standard. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.318 PREA Upgrades to Facilities and Technologies Facility Layout Map Observations during Facility Site Review Interviews Conducted: Superintendent PREA Coordinator VBJDC reported in the Pre-Audit Questionnaire that there were no expansions or modifications to the facility in the past twelve months. This was confirmed in interviews with both the Superintendent and the PREA Coordinator. VBJDC Policy 115.318 (PREA Upgrades to Facilities and Technologies) requires the facility to consider the impact of any design, acquisition, expansion, or modification on its ability to protect residents from sexual abuse. The facility currently operates 66 cameras, with recent upgrades made to the camera and audio system. During onsite observations, the auditor confirmed that all cameras were functional and viewable from the control room, with recordings maintained for a 30-day retention

	period. The Superintendent and PREA Coordinator both reported that camera placement is routinely assessed to ensure effective monitoring and supervision of staff and residents. Compliance Determination: Based on policy review, interviews, and onsite observations, the auditor concludes that VBJDC meets this standard. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.321 PREA Evidence Protocol Forensic Medical Exams VBJDC National Sexual Assault Exam Protocol YWCA MOA Renewal 2024 Interviews Conducted: PREA Coordinator Assistant Superintendent Medical and Mental Health Staff Just Detention International (JDI) (Phone Contact) Chesapeake General (SANE/SAFE services) VA Beach Child Protective Services VBJDC conducts administrative investigations into all reported incidents of alleged sexual abuse and sexual harassment, with the PREA Coordinator responsible for oversight. Allegations that rise to the level of a criminal offense are referred to the

	Virginia Beach Police Department Special Victims Unit for investigation and are also reported to Child Protective Services and the Virginia Beach Human Services Department in accordance with VBJDC Policy 115.321 (PREA Evidence Protocol Forensic Medical Exams). VBJDC policy requires the use of a uniform evidence protocol that is developmentally appropriate for youth and based on the most recent U.S. Department of Justice Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents (or a similarly comprehensive protocol issued after 2011). In line with policy, residents who experience sexual abuse are offered forensic medical exams at no cost, conducted by Chesapeake Forensic Services (CFS) at Chesapeake General. Exams are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible; if unavailable, another qualified medical practitioner may conduct the exam, with all efforts to secure a SANE/SAFE documented. Victim advocacy services are provided through the YWCA of South Hampton Roads, which responds as needed to support residents during forensic exams and investigative interviews, and provides crisis intervention, confidential emotional support, and referrals. The auditor reviewed the 2024 Memorandum of Agreement between VBJDC and the YWCA, which formalizes these services. The Virginia Beach Community Services Board serves as a backup provider for victim advocacy. The PREA Coordinator confirmed that YWCA advocates are extensively trained and available to respond as needed. The Pre-Audit Questionnaire and PREA Coordinator confirmed there were no incidents of sexual abuse in the past twelve months; therefore, no forensic medical exams were conducted and no residents were available for interview regarding these services. Compliance Determination: Based on policy review, documentation, interviews, and the MOA with advocacy providers, the auditor finds VBJDC in compliance with this standard. No corrective action is required.
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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 Child 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

VBJDC Policy 115.322 (PREA Policies to Ensure Referrals of Allegations) requires that all allegations of sexual abuse and sexual harassment receive either an administrative or criminal investigation. According to the Pre-Audit Questionnaire, there were four allegations within the past twelve months; all four were investigated administratively, and none were referred for criminal investigation.

Criminal investigations are referred to the Virginia Beach Police Department Special Victims Unit, which has the legal authority to investigate such cases. All allegations are also reported to Child Protective Services and the Virginia Beach Human Services Department. This requirement is publicly available on the Virginia Beach government website. Allegations referred for investigation are documented using the facility's Suspected Child Abuse or Neglect Form, which the auditor reviewed.

During the onsite review, the auditor observed PREA informational postings in each housing unit and throughout the facility. Residents interviewed confirmed that they receive PREA information at intake and review it weekly; they consistently stated that allegations are taken seriously and that the facility will follow through with investigations for all allegations. Staff interviews further demonstrated a uniform understanding that all allegations of sexual misconduct must be reported and investigated.

Interviews with the Incident Review Team, the PREA Coordinator, and the Superintendent confirmed the facility's commitment to completing all investigations to their logical conclusion. VBJDC has established strong partnerships with the Virginia Beach Police Department, YWCA, Sexual Assault Nurse Examiners/Forensic

	Examiners, and CPS to support a safe and secure environment for residents. Compliance Determination: Based on documentation, interviews, and onsite observations, the auditor finds VBJDC in compliance with this standard. No corrective action is required.
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.331: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.331 PREA Employee Training VBJDC Module 1 Introduction to Sexual Misconduct Prevention, Detection, and Response VBJDC Module 2 Youth Sexuality Dynamics of Victimization in Custody VBJDC Module 3 Working with LGBTQI Youth VBJDC Module 6 Mandatory Reporting VBJDC PREA New Hire Promotions Annual Evaluation Questionnaire VBJDC PREA Staff Education Acknowledgement Form Training Personnel/Training Records Interviews Conducted: PREA Coordinator Assistant Superintendent Human Resources Staff Interviews with Random Staff

	VBJDC Policy 115.331 (PREA Employee Training), section 3.a., requires that all employees, contractors, and volunteers who may have contact with residents receive training that covers: 1. The facility's zero-tolerance policy for sexual abuse and sexual harassment. 2. Staff responsibilities for prevention, detection, reporting, and response. 3. Residents' right to be free from sexual abuse and sexual harassment. 4. Residents' and staff's right to be free from retaliation for reporting. 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities. 6. Common reactions of juvenile victims. 7. Recognition and response to signs of threatened or actual sexual abuse, and distinguishing between consensual and abusive contact. 8. Avoiding inappropriate relationships with residents. 9. Professional communication with residents, including LGBTI and gender nonconforming youth. 10. Mandatory reporting laws related to sexual abuse. 11. Relevant laws regarding the age of consent. The PREA Coordinator confirmed that VBJDC provides a comprehensive training curriculum using MOSS Group PREA PowerPoints adapted with Virginia-specific content. Documentation reviewed by the auditor confirmed that all employees receive annual PREA training. Training records, PowerPoint modules, and signed rosters demonstrated staff participation and comprehension. Interviews with fourteen randomly selected staff confirmed that 100% had received annual PREA training and were able to describe their responsibilities under PREA. Each of the ten staff files reviewed included documentation of required training, with employees receiving a minimum of eight hours of PREA-related training annually. Specialized training is provided to investigative, medical, and mental health staff through the National Institute of Corrections online program. Training records for these specialized categories were reviewed and confirmed as complete. The PREA curriculum is tailored to the needs of a juvenile population and addresses the supervision of both male and female residents. During interviews, staff consistently demonstrated strong knowledge of PREA, its importance, and their role in maintaining a safe environment for youth. Compliance Determination: Based on document review, staff interviews, and verification of training materials, the auditor finds VBJDC in compliance with this standard. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.332 PREA Volunteer and Contractor Training VBJDC Guidelines for Visitors and Contractors Form Training Personnel/Training Records Interviews Conducted: PREA Coordinator Assistant Superintendent Interviews with Contractors VBJDC ensures that all volunteers and contractors who have contact with residents receive training on their responsibilities for preventing, detecting, and responding to sexual abuse and sexual harassment, as outlined in Policy 115.332 (PREA Volunteer and Contractor Training). Completion of this training is documented on the VBJDC Guidelines for Visitors and Contractors Form, which is maintained in the facility's training records. According to the Pre-Audit Questionnaire, VBJDC has seven volunteers and contractors—most of whom are teachers—who received this training. The auditor conducted an onsite interview with one contractor, who demonstrated a clear understanding of their role in preventing, detecting, and responding to sexual abuse and sexual harassment in accordance with facility policy and professional obligations. Compliance Determination: Based on policy review, training records, and staff interviews, the auditor finds VBJDC in compliance with this standard. No corrective action is required.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard

	Auditor Discussion The following evidence was used to determine compliance for standard 115.333: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.333 PREA Resident Education VBJDC 115.333 Resident Education Acknowledgement Form (English/Spanish) VBJDC 115.333 Resident Rights Group VBJDC 115.333 PREA Resident Education Intake Posting (English/Spanish) VBJDC 115.333 PREA Resident Education Sexual Assault Resources PREA Youth Education Video PREA Posters (English/Spanish) VBJDC Resident Handbook (English/Spanish) Resident File Review VBJDC Facility Site Review Interviews Conducted: PREA Coordinator Case Managers/Clinicians Interviews with Random Residents VBJDC Policy 115.333 (PREA Resident Education), sections 3.a–d, requires that residents receive PREA-related information at intake. Staff inform residents in an age-appropriate manner about the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and explain how to report incidents or suspicions. Within ten days of intake, residents receive comprehensive, age-appropriate education—either in person or via video—on their rights to be free from sexual abuse and harassment, protection from retaliation, and the facility’s policies and procedures for reporting and response. Education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills.
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	According to the Pre-Audit Questionnaire, 321 residents were admitted in the past twelve months, and all received PREA information within 24 hours of arrival. Full intakes are completed for every resident, regardless of program placement or transferring facility. File reviews of ten randomly selected residents confirmed documentation of PREA education at intake. Fourteen staff interviews verified that materials are age-appropriate, supplemented by a PREA DVD shown at intake, and that staff respond verbally to residents' questions to ensure understanding. Eighteen resident interviews confirmed that residents could identify one or more methods for reporting sexual abuse or harassment, including telling trusted staff, calling the PREA hotline, informing a parent or attorney, or writing a note to administration. Residents receive a comprehensive PREA orientation at intake and sign documentation confirming understanding. Additionally, all residents participate in weekly "Resident's Rights" groups on Saturdays, which provide follow-up PREA education; attendance is recorded in unit binders. Onsite observations confirmed that age-appropriate PREA materials are posted throughout the facility in English and Spanish and are accessible to residents, staff, contractors, volunteers, and visitors. Compliance Determination: Based on policy review, documentation, staff and resident interviews, and onsite observations, the auditor finds VBJDC in compliance with this standard. No corrective action is required.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.334: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.334 PREA Specialized Training Investigations Review of Employee Training Files Review of Administrative Investigations National Institute of Corrections Website: https://nicic.gov

	Interviews Conducted: PREA Coordinator Interviews with Specialized Staff (Investigative Staff) VBJDC Policy 115.334 (PREA Specialized Training for Investigations) notes that the Virginia Beach Police Department Special Victims Unit (VBPD-SVU) conducts all sexual abuse and harassment investigations at the facility; therefore, VBJDC staff are not required to receive full investigative training. However, the PREA Coordinator, who serves as VBJDC's investigative staff, has completed specialized training in investigating sexual abuse in confinement settings through the National Institute of Corrections (NIC) online course PREA: Investigating Sexual Abuse in a Confinement Setting. Certificates of completion for this training were documented in the PREA Coordinator's training file and verified by the auditor. The PREA Coordinator explained that VBJDC only conducts preliminary investigations into allegations of sexual abuse or harassment, which are then referred to VBPD-SVU for formal investigation. He described training on responding to allegations, interviewing victims, evidence collection protocols, and criteria for substantiating cases for administrative action or criminal referral. While VBJDC staff do not have authority to Mirandize, they are familiar with Miranda and Garrity rights and are responsible for securing scenes and preserving evidence until collected by VBPD. The NIC, part of the U.S. Department of Justice, has been a recognized leader in PREA-related training, technical assistance, and policy support for federal, state, and local corrections agencies since 2004. The NIC PREA Learning Center provides a variety of e-learning courses designed to enhance staff knowledge and compliance with PREA standards. During interviews, the PREA Coordinator demonstrated a thorough understanding of PREA policies and facility practices, ensuring that allegations are addressed appropriately and that preliminary investigations are conducted in accordance with policy before referral to VBPD. The auditor found the PREA Coordinator's knowledge and competence sufficient to ensure that sexual abuse and harassment incidents are effectively managed and investigated. Compliance Determination: Based on documentation review, staff interviews, and verification of training, the auditor finds VBJDC in compliance with this standard. No corrective action is required.
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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:

Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC Policy 115.335 PREA Specialized Training – Medical and Mental Health Care

Review of Employee Training Files

National Institute of Corrections Website: <https://nicic.gov>

Interviews Conducted:

PREA Coordinator

Interviews with Specialized Staff (Medical and Mental Health)

VBJDC Policy 115.335 (PREA Specialized Training – Medical and Mental Health Care) requires that all full- and part-time medical and mental health practitioners receive specialized training in accordance with PREA standard §115.335(a). The auditor verified through interviews and training file reviews that all five facility nurses and mental health clinicians have completed both basic PREA training and specialized training through the National Institute of Corrections (NIC).

Interviews with a nurse and a mental health clinician confirmed that their training covered:

1. Detection and assessment of signs of sexual abuse and sexual harassment.
2. Preservation of physical evidence of sexual abuse.
3. Effective and professional response to juvenile victims of sexual abuse and sexual harassment.
4. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment.

Documentation in each staff member's training file confirmed completion of both basic and specialized PREA training modules. The nurse and PREA Coordinator noted that VBJDC medical staff do not conduct forensic examinations; instead, Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) from Chesapeake Forensic Services are utilized for any required examinations, in accordance with Policy 115.321(c).

Compliance Determination:

Based on policy review, training records, and staff interviews, the auditor finds

	VBJDC in compliance with this standard. No corrective action is required.
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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 sexual abusiveness be conducted within 72 hours of arrival and periodically throughout confinement. Records review indicates that, in the 12 months preceding the onsite audit, 321 residents with stays exceeding 72 hours were screened for sexual victimization or predatory risk within this timeframe. VBJDC uses a comprehensive Vulnerability Screening Form, which objectively assesses a resident’s potential for victimization or predation. The form addresses all requirements of §115.341(c), including: prior sexual victimization or abusiveness; gender identity or presentation; current charges and offense history; age; emotional and cognitive development; physical size and stature; mental illness or disabilities;

	intellectual/developmental disabilities; physical disabilities; the resident's self-perception of vulnerability; and other relevant information. Intake information is corroborated with additional assessments, including the MAYSI-II, intake medical assessment, mental health assessment, and case file review. Staff also gather information through resident interviews, court records, behavioral records, and other relevant documentation to ensure thorough understanding of each resident's potential for victimization or abusiveness. Ten resident intake files were reviewed, each containing a face sheet, health screening, medical assessment, mental health screening, MAYSI-II, property inventory, orientation checklist, and vulnerability screening form. All documentation was appropriately completed, dated, and signed. These assessments are completed at every admission, regardless of prior facility stays. Eighteen resident interviews confirmed that all residents were asked questions at intake regarding history of sexual abuse, gender identity, disabilities, and self-perceived vulnerability. Residents also reported participating in weekly PREA review groups on Saturdays. Staff responsible for screening affirmed that multiple assessment tools and questionnaires are used to inform placement, programming, and ongoing safety considerations. Residents are continuously reassessed to address sexual safety, physical and mental health, programmatic changes, and housing compatibility. Sensitive information is securely maintained in residents' medical and mental health files. Access is limited to medical staff, mental health clinicians/case managers, and facility administration, ensuring that information is not exploited to residents' detriment. Compliance Determination: Based on review of VBJDC policy and documentation, onsite observations, and interviews with residents and staff, the auditor finds that VBJDC meets this standard. No corrective action is required.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.342: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.342 PREA Placement of Residents in Housing, Bed, Program, Education,

and Work Assignments

VBJDC Vulnerability Screening Form

Observations during Facility Site Review

Resident File Review

Interviews Conducted:

PREA Coordinator

Superintendent

Interviews with Specialized Staff (Screening, Supervise Isolation, Medical, and MH)

Interviews with Targeted Residents

VBJDC indicated in their PAQ response and in VBJDC Policy 115.342 (PREA Placement of Residents in Housing, Bed, Program, Education, and Work) that information obtained from the vulnerability assessment (§115.341) is used to guide housing, bed, program, education, and work assignments, with the goal of ensuring resident safety and preventing sexual abuse. A review of the Vulnerability Screening Form shows that residents are scored in three categories: vulnerability to victimization, sexually aggressive behavior, and violent/aggressive behavior. These scores are considered in making placement decisions. Specialized staff conducting risk screenings reported that intake assessments are reviewed by mental health clinicians and used to inform housing decisions and determine the level of supervision required. The PREA Coordinator confirmed that the risk screening results are used for classification and housing placements, with a focus on separating potential victims from potential abusers, informing programming decisions, and enhancing staff awareness when monitoring resident interactions.

In an interview, the Superintendent explained that VBJDC does not use “isolation” in the traditional sense. The facility has adequate space, staffing, and programming to separate potential victims from potential abusers without resorting to isolation. Nevertheless, VBJDC Policy 115.342 (3.a) provides procedures should a resident’s safety require isolation. The policy states: “Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. 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.”

A staff member responsible for supervising residents in isolation was interviewed by

the auditor and confirmed that isolation would be used only as a last resort, but remains an available option to ensure a resident's sexual safety. They also noted that residents in isolation continue to have access to programs, privileges, education, and work opportunities. During an interview with the facility nurse, she explained that she would conduct daily check-ins with residents in isolation, and more frequent checks if medical intervention or treatment were required. Mental health staff stated that clinicians and/or case managers are responsible for daily safety and counseling check-ins for isolated residents, with all interactions documented in the residents' case notes. PAQ responses indicated that in the past twelve months, no residents at risk of sexual victimization were placed in isolation; therefore, all residents maintained daily access to large-muscle exercise, required educational programming, and special education services as appropriate.

VBJDC Policy 115.342 (PREA Placement of Residents in Housing, Bed, Program, Education, and Work, 3.b) states: "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 confirmed compliance with this provision, noting that housing and program assignments are determined based on observations and information from multiple intake assessments, and are not influenced solely by a resident's gender identity or sexual orientation.

At the time of the audit, there were no transgender or intersex residents in the facility. However, the PREA Coordinator confirmed that VBJDC makes housing and program assignments for transgender or intersex residents on a case-by-case basis, ensuring the resident's health and safety while assessing any potential management or security concerns, consistent with VBJDC Policy 115.342 (PREA Placement of Residents in Housing, Bed, Program, Education, and Work), section 3.c.

The PREA Coordinator and intake staff confirmed that VBJDC does not maintain specialized housing pods for LGBTI residents. They also noted that a resident's perception of their own safety is considered in housing and program placement decisions. The facility has not had any transgender or intersex residents on a long-term basis. Per VBJDC Policy 115.342, section 3.d., housing and program assignments for such residents are reassessed at least twice per year, or more frequently if necessary, to address any safety concerns.

During the site review, the auditor observed and confirmed through conversations with staff and residents that all showers are conducted individually and provide privacy, including for transgender and intersex residents, in accordance with VBJDC Policy 115.342, section 3.f.

The PAQ indicates that no residents were held in isolation due to being at risk of sexual victimization during the twelve months prior to the on-site audit; therefore, no isolation case files were available for review. VBJDC Policy 115.342 (PREA Placement of Residents in Housing, Bed, Program, Education, and Work), section 3.g., outlines that if a resident is placed in isolation pursuant to provision (a), the

	facility must document: 1) the basis for concern regarding the resident's safety; and 2) the reason why no alternative means of separation could be arranged. Additionally, Policy 115.342, section 3.h., requires that any resident in isolation receive a review at least every 30 days to determine whether continued separation from the general population is necessary. No such reviews were completed, as no residents were placed in isolation during the twelve months preceding the audit. Should such a review occur, it would be documented in the resident's case file. Compliance Determination: Based on review of VBJDC policy, supporting documentation, interviews with staff and residents, and on-site observations, the auditor has determined that the facility is in compliance with this standard.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.351: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.351 PREA Resident Reporting VBJDC 115.351 Mental Health Services Referral VBJDC 115.354 Third Party Reporting Collection of Information VBJDC YWCA MOA FY25 VBJDC Module 1 Introduction to Sexual Misconduct Prevention, Detection, and Response VBJDC Module 2 Youth Sexuality Dynamics of Victimization in Custody VBJDC Module 3 Working with LGBTQI Youth VBJDC Module 4 Supervision, Searches, Housing, and Special Populations VBJDC Module 5 Cross Gender Supervision VBJDC Module 6 Mandatory Reporting VBJDC Module 7 First Responder

Observations during Facility Site Review

Resident File Review

Interviews Conducted:

PREA Coordinator

Interviews with Random Staff

Interviews with Random Residents

VBJDC has established multiple internal procedures that allow residents to report privately to facility officials regarding sexual abuse, sexual harassment, retaliation for reporting such incidents, and staff neglect or violations of duty that may have contributed to these events.

During interviews with eighteen randomly selected residents, all were able to identify at least one reporting method. These included: speaking directly with a trusted staff member, completing a grievance form, notifying a parent or attorney, and/or using the pod phone to call one of the posted numbers. Fourteen randomly selected staff confirmed these options and added that residents could also report directly to administration or a mental health clinician/case manager. Both staff and residents consistently noted that these procedures are explained at intake, with the list of phone numbers visibly posted near pod phones.

The facility site review confirmed that information describing all reporting methods was posted in multiple areas throughout the building. These postings outlined how residents may report to an external public or private agency that is not part of VBJDC but is authorized to receive and promptly forward reports of sexual abuse and harassment. These avenues allow residents to remain anonymous if requested. In addition to in-house reporting methods, residents may also report through third parties such as family members, attorneys, or external hotlines. The hotline numbers provided include the Child Abuse and Neglect Hotline, the local Department of Social Services, the non-emergency police department, and the YWCA. These contacts were observed posted near each pod phone. The auditor tested the phone system on-site by calling the Child Abuse and Neglect Hotline; hotline staff confirmed that any reports received from VBJDC residents would be forwarded to local CPS for follow-up. Both the YWCA and JDI reported that they had not received any reports involving VBJDC.

Consistent with VBJDC Policy 115.351 (PREA Resident Reporting), section 3.a., most residents interviewed confirmed their understanding that they could make reports verbally, in writing, anonymously, or through third parties. The PREA Coordinator and all staff interviewed verified that these reporting methods are acceptable and that staff are required to immediately document and act on any report received.

	Documentation is completed using forms such as the VBJDC 115.351 Mental Health Services Referral and VBJDC 115.354 Third Party Reporting Collection of Information. To facilitate written reports, residents have access to grievance forms and writing materials at all times, as well as access to the phone system. VBJDC staff are also able to make private reports directly to the local Department of Social Services, the Child Abuse and Neglect Hotline, or facility administrators. Staff are trained on these procedures during annual training and reminded of their obligations as mandated reporters. Compliance Determination: Based on review of VBJDC policy, supporting documentation, resident and staff interviews, and on-site observations, the auditor concludes that the facility is in compliance with this standard.
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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 established administrative procedure for handling resident grievances related to sexual abuse, outlined in Policy 115.352 PREA Exhaustion of Administrative Remedies. The grievance process includes the following provisions: 1. All residents are oriented to, and have access to, the grievance system. 2. No time limit is imposed for filing grievances related to sexual misconduct. 3. Grievances are addressed within 48 hours of filing when possible. 4. Residents are not required to pursue an informal resolution process, nor are they required to submit a grievance to the staff member who is the subject of the complaint. 5. A final decision is issued within 90 days of the initial filing. 6. If additional time is required, an extension of up to 70 days may be granted. In such cases, the resident is notified in writing of the extension and provided with a new resolution date.

	7. Emergency grievances alleging imminent risk of sexual abuse are immediately forwarded to the Assistant Superintendent and PREA Coordinator for corrective action. The initial response and final decision must document whether the resident was determined to be at substantial risk and what action was taken. According to the PAQ, four grievances alleging sexual abuse were filed in the twelve months preceding the on-site audit. One current resident who had filed a grievance was interviewed by the auditor. The resident admitted that their allegation was not truthful and had been made in court in hopes of securing early release. Despite this, VBJDC facilitated a forensic exam, conducted a full investigation, and followed all abuse response protocols to ensure the resident's safety. Policy 115.352 also clarifies the role of third parties in the grievance process: • Third parties, including other residents, staff, family members, attorneys, or outside advocates, may assist a resident in filing a grievance or may file on the resident's behalf. • If the third party is not a parent or legal guardian, the Youth Services Supervisor must confirm with the resident whether they consent to the grievance being filed on their behalf. If the resident declines, the decision is documented. • Parents or legal guardians may file grievances, including appeals, without the resident's consent. • The PAQ indicated that no residents declined third-party assistance in the past twelve months. The auditor also confirmed, via review of the facility's public website, that the option for third-party reporting of sexual abuse or harassment is available to the public. The PREA Coordinator reported that there were no emergency grievances alleging imminent risk of sexual abuse in the past twelve months. Policy 115.352, section 5.f., provides that residents who intentionally file false grievances may be subject to discipline under the direction of the Youth Services Supervisor and with the support of the Assistant Superintendent. Facility records confirmed that no residents were disciplined in the past twelve months for filing a grievance in bad faith. Compliance Determination: Based on review of VBJDC policy, supporting documentation, PAQ responses, and staff and resident interviews, the auditor has determined that the facility meets the standard, and no corrective action is required.
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115.353	Resident access to outside confidential support services and legal representation
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	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 2024 Observations during Facility Site Review Resident File Review Interviews Conducted: PREA Coordinator Case Managers/Clinicians Interviews with Random Staff Interviews with Random Residents During on-site interviews, the PREA Coordinator and Superintendent confirmed that VBJDC provides residents with access to outside victim advocacy services through the YWCA. The auditor verified a current MOU between VBJDC and the YWCA, which establishes that the YWCA will provide residents with confidential support services related to sexual abuse, respond to requests for support during forensic medical exams and investigatory interviews, and assign a YWCA Crisis Companion to offer emotional support, crisis intervention, legal advocacy, and referrals for ongoing services. Of the eighteen residents interviewed, most indicated awareness of outside support services. While not all could name the YWCA specifically, residents reported

	knowing where to locate contact information. All residents confirmed that the phone system allows free access to reporting lines and advocacy services. During the site review, the auditor observed posters and contact information for advocacy and reporting services posted near phones in each pod and in the intake area. Inspection of phone-use areas, visitation rooms, and PO/attorney meeting spaces confirmed that residents are afforded reasonable privacy while still allowing for appropriate staff observation for security purposes. Residents interviewed affirmed that they have private and reasonable access to parents/legal guardians, attorneys, and other professional visitors in person, by phone, and in writing. Compliance Determination: Based on review of policy, supporting documentation, site observations, and staff and resident interviews, the auditor has determined that the facility is in compliance with this standard, and no corrective action is required.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.354: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.354 PREA Third Party Reporting Collection of Information VBJDC PREA Resident Poster (English and Spanish) Interviews Conducted: PREA Coordinator The PAQ and PREA Coordinator confirmed that VBJDC has established multiple avenues for third parties to report allegations of sexual abuse and sexual harassment. Reports may be submitted in writing, verbally, by telephone, or anonymously. To ensure thorough documentation, VBJDC utilizes a “Third Party Reporting Collection of Information” form, which captures detailed information about the incident being reported.

	Potential third-party reporting options are clearly posted on PREA informational posters located in each pod. In addition, VBJDC makes these methods available to the public through the facility's website, which lists the names and phone numbers of external entities authorized to receive such reports. Compliance Determination: Based on policy, documentation, and verification of available reporting methods, the auditor has determined that the facility meets the requirements of this standard and no corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.361 PREA Staff and Agency Reporting Duties Interviews Conducted: PREA Coordinator Superintendent Random Sample of Staff Medical and Mental Health Staff VBJDC Policy 115.361 – PREA Staff and Agency Reporting Duties requires the immediate reporting of any knowledge, suspicion, or information regarding child abuse, neglect, sexual abuse, or sexual harassment occurring within the facility, whether connected to the center or not. The policy also mandates reporting retaliation against residents or staff who report such incidents, as well as any staff negligence or violations of duty that may have contributed to an incident or retaliation. VBJDC further commits to complying with all applicable mandatory child abuse reporting laws and related training requirements.

	Interviews with staff confirmed that all employees clearly understand their role as mandated reporters. Staff consistently stated they would immediately report any knowledge, suspicion, or information regarding sexual abuse, harassment, retaliation, or neglect to the appropriate authorities and document their actions. Training records confirm that 100% of staff have received training on mandatory reporting. Random staff interviews also demonstrated an understanding of their responsibilities as mandated reporters, including informing residents at intake about the limits of confidentiality. The policy prohibits staff from disclosing information related to reports of sexual misconduct except to individuals with a need to know. Reports are forwarded by the PREA Coordinator to the Virginia Beach Police Department Special Victims Unit (VBPDSVU), Child Protective Services (CPS), and the alleged victim's parent or guardian (unless restricted by official documentation). Reports are also made to the resident's attorney if the court retains jurisdiction, and to the resident's DSS caseworker if the youth is under child welfare custody. Staff interviews confirmed their awareness of the sensitivity of these matters and their responsibility to handle reports with discretion. VBJDC medical and mental health practitioners are subject to the same reporting obligations as all staff. They must notify designated administrators and, where required by law, the appropriate State or local service agency. Auditor review confirmed that mandated reporting training is documented in the files of all medical and mental health staff. Facility policy also requires practitioners to inform residents at the start of services about their duty to report and the limits of confidentiality. All interviewed practitioners confirmed they communicate these limitations to residents. The PREA Coordinator affirmed during interviews that all sexual abuse allegations—including third-party and anonymous reports—are promptly shared with VBPDSVU investigators. Compliance Determination: Based on the evidence reviewed, the auditor concludes that the facility is in full compliance with this standard. No corrective action is required.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.362: Documents Reviewed:

	VBJDC Pre-Audit Questionnaire VBJDC 115.362 PREA Agency Protection Duties Interviews Conducted: PREA Coordinator Superintendent Random Sample of Staff VBJDC Policy 115.362 – PREA Agency Protection Duties requires that the facility “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 confirmed to the auditor that all staff are trained to act without delay to ensure youth safety. Random staff interviews demonstrated consistent knowledge of required protective steps. Staff stated they would immediately separate the alleged victim from the alleged perpetrator, notify the supervisor on duty, and increase supervision to protect the resident and prevent further victimization. If necessary, residents may be reassigned to a different housing pod to ensure safety. Review of the PAQ indicated that, within the past twelve months, there were no cases in which the facility determined a resident was at substantial risk of imminent sexual abuse. Compliance Determination: Based on the information reviewed, the auditor finds the facility in compliance with this standard. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire

	VBJDC 115.363 PREA Reporting to Other Confinement Facilities Interviews Conducted: PREA Coordinator Superintendent VBJDC Policy 115.363 – PREA Reporting to Other Confinement Facilities requires that, if the facility receives an allegation from a resident regarding sexual abuse that occurred while confined at another facility, VBJDC will notify both the facility where the alleged abuse occurred and the appropriate investigative agency. The PREA Coordinator confirmed that no such allegations have been reported within the past twelve months, and therefore no notifications to other facilities have been necessary. The Superintendent affirmed his understanding of this requirement and stated that he would ensure timely reporting should such an allegation ever arise. In alignment with policy, the Superintendent acknowledged that notifications to another facility must be made as soon as possible, but no later than 72 hours after receiving the allegation, and that all notifications would be documented. Policy further requires that “the facility head or agency office that received the notification will ensure that the allegation is investigated in accordance with PREA standards.” The Superintendent confirmed that VBJDC has not received any such notifications in the past twelve months, but assured the auditor that if one were received, a full PREA-compliant investigation would be initiated. Compliance Determination: Based on the evidence reviewed, the auditor concludes that the facility is compliant with this standard. No corrective action is required.
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.364: Documents Reviewed: VBJDC Pre-Audit Questionnaire

VBJDC 115.364 PREA Staff First Responder Duties

Employee Training Records

Interviews Conducted:

PREA Coordinator

Targeted Staff (First Responders)

VBJDC Policy 115.364 – PREA Staff First Responder Duties outlines the responsibilities of staff serving as first responders to incidents of alleged sexual abuse, misconduct, or neglect. According to the PREA Coordinator and confirmed through review of staff training records, all VBJDC staff are trained as first responders and are required to take specific actions consistent with §115.364(a). These duties include:

1. Ensuring the alleged victim and alleged abuser are physically separated;
2. Preserving and protecting any potential crime scene until evidence collection can occur;
3. If the assault occurred within a timeframe in which evidence may still be collected, requesting that the alleged victim refrain from actions that could destroy evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating);
4. Making similar requests of the alleged abuser to preserve evidence.

Interviews with staff confirmed their knowledge and understanding of these first responder responsibilities. Staff emphasized that while they are not responsible for collecting evidence (a task handled by the Virginia Beach Police Department Special Victims Unit), they are required to document all knowledge and actions related to the allegation.

PAQ responses indicated that in the past twelve months there was one (unsubstantiated) allegation of resident sexual abuse. It was not reported within a timeframe that allowed for physical evidence collection nor required staff to act as first responders.

Policy also specifies that if the first responder is not a security staff member, they must instruct the alleged victim not to take any actions that could compromise evidence and then notify security staff.

Compliance Determination:

Based on the information reviewed, the auditor finds the facility compliant with this standard. No corrective action is required.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was used to determine compliance for standard 115.365: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.365 PREA Coordinated Response VBJDC 115.365 PREA Coordinated Response Quick Reference Interviews Conducted: PREA Coordinator Superintendent VBJDC Policy 115.365 – PREA Coordinated Response Quick Reference establishes a written institutional plan to coordinate actions taken in response to incidents of sexual abuse. This plan is presented in flowchart form, enlarged and displayed in the intake area. The plan outlines coordinated actions among first responders, medical and mental health practitioners, administrators, and investigators. Key steps include: • Notifying supervisors; • Carrying out first responder duties (see §115.364); • Ensuring the safety of the alleged victim; • Documenting all actions and information; • Cooperating fully with investigators and administrators; • Offering medical and mental health services; • Notifying the Virginia Beach Police Department (VBPD) for investigative response; • Monitoring retaliation; • Keeping all appropriate parties informed. During interviews, both the Superintendent and PREA Coordinator demonstrated familiarity with the coordinated response plan and identified resources available to support implementation, including the Virginia Beach Police Department Special Victims Unit (VBPDSVU), the YWCA, and SANE/SAFE services in Chesapeake.

	Compliance Determination: Based on the evidence reviewed, the auditor finds the facility compliant with this standard. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.366 PREA Preservation of Ability to Protect Residents from Contact with Abusers Interviews Conducted: PREA Coordinator Superintendent VBJDC Policy 115.366 – PREA Preservation of Ability to Protect Residents from Contact with Abusers states that the facility will not enter into or review any collective bargaining or other agreement that would restrict its ability to remove staff alleged to have committed sexual abuse from contact with residents, pending the outcome of an investigation or determination of whether discipline is warranted. The Superintendent confirmed that VBJDC does not enter into collective bargaining agreements. The auditor is not required to audit provision §115.366(b). Compliance Determination: Based on the evidence reviewed, the auditor concludes that the facility is compliant with this standard. No corrective action is required.

115.367	Agency protection against retaliation
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Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC 115.367 PREA Agency Protection Against Retaliation

VBJDC 115.367 PREA Retaliation Protection Form

Interviews Conducted:

PREA Coordinator

Superintendent

Specialized Staff (Monitor Retaliation)

VBJDC Policy 115.367 – PREA Agency Protection Against Retaliation requires that the facility protect all residents and staff who report sexual misconduct, or cooperate with related investigations, from retaliation by other residents or staff. Responsibility for monitoring retaliation rests with the PREA Coordinator and Assistant Superintendent.

To safeguard residents and staff, the facility may implement a variety of protective measures, including:

- Housing changes or transfers for residents;
- Removal of alleged staff or resident abusers from contact with victims;
- Provision of emotional support services for residents or staff concerned about retaliation.

The PREA Coordinator/Assistant Superintendent monitors for retaliation for a minimum of 90 days following reports of sexual abuse, and 10 days following reports of sexual harassment. Monitoring continues beyond 90 days if concerns persist. Monitoring is documented using the VBJDC 115.367 PREA Protection Against Retaliation Form, which includes space to record status checks, recommended actions, and dates of completion.

In interviews, the PREA Coordinator described several strategies available to enhance protection, including reassigning residents or staff to different pods,

	imposing graduated consequences for residents, and increasing supervisory communication. PAQ responses confirmed that there were no incidents of retaliation within the past twelve months. Compliance Determination: Based on the evidence reviewed, the auditor concludes that the facility is compliant with this standard. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.368 PREA Post-Allegation Protective Custody VBJDC 115.342 PREA Placement of Residents in Housing, Bed, Program, Education, and Work Assignments Interviews Conducted: PREA Coordinator Superintendent Specialized Staff (Supervise Isolation, Medical and Mental Health Staff) 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 establishes that isolation may be used only as a last resort, when less restrictive measures are insufficient to protect residents. If isolation is required, it is to be used only until an alternative means of ensuring resident safety can be arranged. Residents placed in isolation following an allegation of sexual abuse are subject to the requirements of §115.342. Specifically:

	- Residents will not be denied daily large-muscle exercise, legally required educational programming, or special education services; - Residents will receive daily visits from a medical or mental health clinician; - Residents will have access to other programs and work opportunities to the extent possible. The Superintendent emphasized that VBJDC does not use isolation in the traditional sense and would pursue alternative arrangements to maintain safety. Nonetheless, policy is in place should isolation ever be necessary. Medical and mental health staff confirmed that isolation has not been used as a protective measure in the past twelve months. Both indicated that if required, they would check in with the resident daily to provide medical or mental health services and to regularly assess safety. No residents alleging sexual abuse were placed in isolation during the past twelve months. Compliance Determination: Based on the evidence reviewed, the auditor concludes that the facility is compliant with this standard. No corrective action is required.
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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 VBJDC policy §115.371, PREA Post-Criminal and Administrative Agency Investigations, and interviews with the PREA Coordinator confirm that the facility

ensures every allegation of sexual abuse or sexual harassment is investigated promptly, thoroughly, and objectively, including those submitted anonymously or by third parties.

Two administrative staff members make up the investigative team, responsible for gathering initial information before referring administrative and criminal investigations to the Virginia Beach Police Department Special Victims Unit (VBPDSVU) and the Department of Human Services Child Protective Services (CPS). VBJDC relies on these agencies to conduct formal investigations, given their specialized training in interviewing, evidence collection, and prosecution.

Despite outsourcing primary investigations, VBJDC requires its investigative team to complete specialized training as outlined in §115.334. Training was verified during the onsite review through documentation of Certificates of Completion issued by the National Institute of Corrections. Investigative staff were able to articulate their understanding of the training content.

In accordance with §§115.364 and 115.382, all direct care staff have been trained in first responder duties, including evidence preservation. Investigative staff acknowledged that physical evidence collection is handled by VBPDSVU; however, facility first responders and investigators demonstrated clear knowledge of their roles in gathering information, speaking with alleged victims, suspects, and witnesses, and ensuring thorough documentation. This documentation includes evidence descriptions, credibility assessments, investigative facts and findings, and review of prior reports involving suspected perpetrators. The PREA Coordinator also indicated that video footage is preserved for evidentiary purposes.

The PREA Coordinator confirmed that an investigation is not closed solely because an allegation is recanted. Further, investigations are not influenced by the status of a victim, suspect, or witness; credibility is based on facts and evidence, not position or role. VBJDC does not subject residents to polygraph examinations or other truth-telling devices as a condition of investigation.

Interviews with the PREA Coordinator and Superintendent confirmed that all allegations are documented and shared with VBPDSVU, along with any relevant video footage. The PREA Coordinator serves as the primary liaison with VBPDSVU and CPS, maintaining regular communication through phone, email, and in-person meetings. Investigative review includes consideration of whether staff actions or omissions contributed to the alleged abuse.

The PAQ reported no substantiated criminal allegations referred for prosecution since the last PREA audit.

Policy §115.371 requires that all written reports be retained for the duration of the alleged abuser's incarceration or employment at VBJDC, plus five years, unless otherwise limited by law in cases involving juvenile residents. Investigations are not terminated due to the departure of the alleged abuser or victim from the facility, and staff are typically placed on leave during investigations.

Compliance Determination:

	Based on policy review, staff interviews, and training verification, the auditor finds VBJDC in compliance with PREA Standard §115.371. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.372 PREA Evidentiary Standard for Administrative Investigations Interviews Conducted: PREA Coordinator Investigative Staff VBJDC policy §115.372, PREA Evidentiary Standard for Administrative Investigations, specifies that the facility does not impose a higher evidentiary threshold than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed investigative files and confirmed that this standard was applied consistently. Interviews with investigative staff further demonstrated their understanding of the evidentiary requirement and its proper use in administrative investigations. Compliance Determination: Based on the documentation reviewed and staff interviews, the auditor concludes that VBJDC is in compliance with PREA Standard §115.372. No corrective action is required.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC 115.373 PREA Reporting to Residents

Interviews Conducted:

PREA Coordinator

Superintendent

Investigative Staff

VBJDC policy §115.373, Reporting to Residents, requires that, following the investigation of a resident's allegation of sexual abuse within the facility, the resident is informed whether the allegation was substantiated, unsubstantiated, or unfounded. To make such notifications, VBJDC requests all relevant information from the investigative agency. The PREA Coordinator, serving as the investigative liaison, monitors case progress and ensures residents are updated on findings.

Policy further requires that, when a resident alleges staff sexual abuse, the resident will be notified (unless the allegation is determined to be unfounded) whenever:

1. The staff member is no longer assigned to the resident's unit;
2. The staff member is no longer employed at the facility;
3. VBJDC learns the staff member has been indicted on a sexual misconduct charge related to the facility; or
4. VBJDC learns the staff member has been convicted on such a charge.

In cases where a resident alleges abuse by another resident, VBJDC policy requires notification of the alleged victim whenever the alleged abuser is indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications are documented in the resident's case record as required. The auditor is not required to assess provision §115.373(f).

Over the past twelve months, VBJDC recorded four allegations and four completed investigations. Review of investigative files verified that required resident notifications were made in each case.

Compliance Determination:

Based on documentation and investigative file review, the auditor finds VBJDC in compliance with PREA Standard §115.373. No corrective action is required.

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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.376 PREA Disciplinary Sanctions for Staff Interviews Conducted: PREA Coordinator VBJDC policy §115.376, Disciplinary Sanctions for Staff, establishes that staff who violate the facility's sexual abuse or sexual harassment policies are subject to disciplinary sanctions, up to and including termination. Termination is the presumptive disciplinary response for staff found to have engaged in sexual abuse. For violations not rising to the level of sexual abuse, sanctions are determined based on the nature and circumstances of the act, the staff member's disciplinary history, and the sanctions imposed for comparable misconduct by other staff with similar records. In accordance with policy, all terminations or resignations in lieu of termination related to violations of sexual abuse or harassment policies are reported to law enforcement, unless the conduct is clearly not criminal, and to any relevant licensing bodies. During the past twelve months, VBJDC reported zero staff terminations or resignations related to sexual abuse or sexual harassment policy violations. Compliance Determination: Based on policy review and staff reporting, the auditor concludes that VBJDC is in compliance with PREA Standard §115.376. No corrective action is required.

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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.377 PREA Corrective Action for Contractors and Volunteers Interviews Conducted: PREA Coordinator Superintendent VBJDC policy §115.377, PREA Corrective Action for Contractors and Volunteers, prohibits contractors who engage in sexual abuse from having contact with residents. Any such conduct will be reported to the Virginia Beach Police Department (VBPD), unless clearly not criminal, and to the appropriate licensing bodies. The policy also requires that appropriate remedial measures be taken in response to any other violation of VBJDC's sexual abuse or sexual harassment policies by contractors. The Superintendent confirmed that any contractor who violated VBJDC's sexual misconduct policies would be permanently barred from the facility. Over the past twelve months, VBJDC reported no instances requiring contractor discipline for sexual abuse or sexual harassment; therefore, no files were available for review. Compliance Determination: Based on policy review and interviews with facility leadership, the auditor finds VBJDC in compliance with PREA Standard §115.377. No corrective action is required.

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: Documents Reviewed:

VBJDC Pre-Audit Questionnaire

VBJDC 115.378 PREA Interventions and Disciplinary Sanctions for Residents

Interviews Conducted:

PREA Coordinator

Superintendent

Medical and Mental Health Staff

VBJDC policy §115.378 PREA Interventions and Disciplinary Sanctions for Residents, section 3.a., states that residents may only be subject to disciplinary sanctions through a formal disciplinary process following either: (1) an administrative finding that the resident engaged in resident-on-resident sexual abuse, or (2) a criminal finding of guilt for such abuse. According to PAQ responses, no incidents of resident-on-resident sexual abuse occurred within the past twelve months.

Policy requires that sanctions be proportionate to the nature and circumstances of the abuse, the resident's disciplinary history, and sanctions imposed for comparable offenses by residents with similar histories. In cases where isolation is imposed, VBJDC policy prohibits denial of daily large-muscle exercise, legally required educational or special education services, and requires daily visits from medical or mental health staff. Residents in isolation must also be afforded access to other programs and work opportunities to the extent possible. PAQ responses confirmed that no residents were placed in isolation as a disciplinary sanction for sexual abuse during the review period.

The policy also directs that the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to the behavior. The Superintendent affirmed this practice during interviews. While VBJDC offers counseling and therapy services to residents, these services are not specifically designed to address underlying causes of abusive behavior, and participation in them is not a condition for access to rewards-based or incentive programs.

VBJDC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to the contact. Policy also provides that reports of sexual abuse made in good faith, based on a reasonable belief that the conduct occurred, will not be considered false reporting even if not substantiated. However, residents who knowingly file grievances or allegations in bad faith may be subject to discipline (§115.352).

VBJDC prohibits all sexual activity between residents and will impose discipline for such activity, though it will not classify the behavior as sexual abuse if the activity is determined to be consensual and non-coercive. The PREA Coordinator indicated that

	discipline for such cases would be consistent with the facility's behavior management system. Compliance Determination: Based on policy review, PAQ responses, and staff interviews, the auditor finds VBJDC in compliance with PREA Standard §115.378. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.381 PREA Medical and Mental Health Screenings VBJDC 115.381 PREA Informed Consent Observations during Facility Site Review Interviews Conducted: PREA Coordinator Superintendent Medical and Mental Health Staff Specialized Staff (Risk Screening) Random Residents VBJDC policy, 115.381 PREA Medical and Mental Health Screenings, requires that if a risk screening (§115.341) identifies a resident as having experienced prior sexual victimization, either in an institutional setting or the community, the resident must be offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake. Staff responsible for conducting risk screenings confirmed that residents who disclose prior victimization are offered this follow-up, and the offer is documented on the Vulnerability Assessment Instrument completed at intake.

	Review of intake assessments and secondary medical/mental health forms verified compliance with this requirement. Similarly, when a resident is identified at intake as having previously perpetrated sexual abuse, VBJDC policy requires that they also be offered a follow-up meeting with a mental health practitioner within 14 days. Policy further limits disclosure of information related to sexual victimization or abusiveness in an institutional setting to medical/mental health staff and others only as necessary to inform treatment plans, security, housing, education, and program assignments, or as otherwise required by law. The PREA Coordinator confirmed that access to resident files is strictly limited: vulnerability assessments are maintained in the resident's mental health file with a copy provided to the Coordinator. Medical and mental health staff reported that they inform residents of their mandated reporter obligations under Virginia law at the outset of any meeting. At intake, residents review and sign the Vulnerability Assessment Form and the PREA Authorized Release of Information Form, which explains informed consent, outlines options for authorizing or restricting release of information, and affirms the resident's right to revoke authorization at any time. Staff emphasized that they are cautious about sharing information and seek resident consent before doing so whenever possible. Consistent with policy, practitioners obtain informed consent before reporting information about prior sexual victimization that occurred in the community, unless the resident is under age 18. Compliance Determination: Based on policy review, documentation, and staff interviews, the auditor finds VBJDC in compliance with PREA Standard §115.381. No corrective action is required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.382 PREA Access to Emergency Medical and Mental Health Services Observations during Facility Site Review

	Interviews Conducted: PREA Coordinator Medical and Mental Health Staff Specialized Staff (First Responders) Medical and mental health staff confirmed that any resident victim of sexual abuse receives timely, unimpeded access to emergency medical treatment and crisis intervention services. The scope and type of care provided are determined by qualified practitioners in accordance with professional judgment, consistent with VBJDC policy §115.382. As outlined in §115.364, all staff are trained as first responders. During interviews, staff demonstrated a clear understanding of their duties, including taking immediate steps to protect the victim and notifying medical or mental health staff if qualified practitioners are not on-site at the time of a report of recent abuse. The facility nurse affirmed that resident victims are offered timely information and access to emergency contraception and sexually transmitted infection prophylaxis, consistent with accepted medical standards and when clinically appropriate. In cases of sexual assault, Chesapeake Forensic Services (CFS) provides SANE/SAFE medical services, with Sentara Princess Anne serving as an alternate provider if CFS is unavailable. VBJDC follows all treatment recommendations and ensures continuity of care. Policy further requires that all treatment services are provided without financial cost to the victim and regardless of whether the resident names the abuser or cooperates with the investigation. Compliance Determination: Based on policy review, staff interviews, and confirmation of medical procedures, the auditor concludes that VBJDC is in compliance with PREA Standard §115.382. No corrective action is required.
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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 facility nurse and mental health clinician confirmed that resident victims of sexual abuse are offered medical and mental health evaluations, along with appropriate treatment, consistent with services available in the community. The PREA Coordinator emphasized that VBJDC's coordinated response allows for immediate access to community partners, including Chesapeake Forensic Services (CFS), Child Protective Services (CPS), and the YWCA.

VBJDC policy affirms that evaluations and treatment include follow-up services, treatment planning, and referrals for continued care when necessary, including after a resident's transfer to another facility or release from custody. Medical and mental health staff reported that all services are delivered to the community standard of care.

In accordance with policy, resident victims of sexually abusive vaginal penetration are offered pregnancy testing, and, if pregnancy occurs, comprehensive information and timely access to all lawful pregnancy-related medical services. Victims are also offered sexually transmitted infection testing when medically appropriate. As noted in §115.382, all treatment services are provided at no financial cost to the resident, regardless of whether the victim names the abuser or cooperates with the investigation.

VBJDC also requires that all known resident-on-resident abusers receive a mental health evaluation within 60 days of learning of the abuse history, with treatment offered as deemed appropriate by clinicians. Mental health staff confirmed that all residents are screened at intake and undergo periodic reassessments throughout their stay.

Compliance Determination:

Based on policy review, staff interviews, and supporting documentation, the auditor finds VBJDC in compliance with PREA Standard §115.383. No corrective action is

	required.
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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: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.386 PREA Sexual Abuse Incident Review Form VBJDC 115.387 PREA Annual Report Template VBJDC 115.387 PREA Incident Based Data Collection – Abuse VBJDC 115.387 PREA Incident Based Data Collection - Harassment VBJDC PREA Report for JDC 2024 Observations during Facility Site Review Interviews Conducted: PREA Coordinator Superintendent Incident Review Team VBJDC policy requires the facility to conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. To support this process, VBJDC developed two standardized tools—the Incident-Based Sexual Harassment Data Collection Form and the Incident-Based Sexual Abuse Data Collection Form. These forms are comprehensive, user-friendly, and include clear definitions for staff. They capture key incident details, investigative outcomes, and any sanctions imposed on the perpetrator. The incident review team is composed of the two Assistant Superintendents (one of

	whom serves as PREA Coordinator) with additional input from line supervisors, investigators, medical and mental health practitioners, and, when appropriate, the VBPD Special Victims Unit lead investigator and/or Child Protective Services. Policy requires that the review team consider: 1. Whether the allegation or investigation indicates a need to change policy or practice to improve prevention, detection, or response efforts; 2. Whether the incident may have been motivated by race, ethnicity, gender identity, sexual orientation, intersex status, gang affiliation, or other group dynamics; 3. The physical location of the incident to assess whether facility design or barriers may have contributed; 4. Staffing adequacy in the area across different shifts; 5. Whether monitoring technology should be added or enhanced; and 6. The preparation of a written report of findings and recommendations, submitted to the Superintendent and PREA Compliance Manager. The Superintendent is responsible for ensuring that recommendations for improvement are implemented or, if not, for documenting the reasons. During interviews, members of the incident review team confirmed their understanding and application of these requirements. Compliance Determination: Based on policy review, staff interviews, and supporting documentation, the auditor finds VBJDC in compliance with PREA Standard §115.386. No corrective action is required.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was used to determine compliance for standard 115.387: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.387 PREA Incident Based Data Collection – Harassment Form VBJDC 115.387 PREA Data Collection

	Interviews Conducted: PREA Coordinator In accordance with VBJDC Policy 115.387, PREA Data Collection, the facility collects accurate and consistent data on every allegation of sexual abuse using the standardized Incident-Based Sexual Abuse Data Collection Form and the definitions outlined in PREA Guidance Document 115.5, General Definitions. Aggregated data is analyzed to strengthen prevention, detection, and response efforts and is published on the facility's website for public access. VBJDC maintains, reviews, and compiles information from all available incident-based sources, including reports, investigation files, and sexual abuse incident reviews. Policy requires annual aggregation of this data, which is released in an annual report on the facility website. Roles and responsibilities for data collection are clearly defined in policy. Facility administration oversees data collection, aggregation, and analysis, while the PREA Coordinator confirmed that all personal identifiers are removed prior to publication and that records are retained in the administration office. The collected data covers all required elements of the most recent Department of Justice Survey of Sexual Violence. VBJDC does not contract with private facilities to house residents. Upon request, the facility will provide all data from the previous calendar year to the Department of Justice by June 30, using the PREA Annual Report memo template. The auditor confirmed with the PREA Coordinator that no such requests have been made by DOJ. Compliance Determination: Based on the information reviewed, the auditor finds VBJDC in compliance with this standard, with no corrective action required.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.388: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.388 PREA Data Review for Corrective Action

	VBJDC Annual PREA Report 2024 VBJDC Website: www.vbgov.com Interviews Conducted: PREA Coordinator Superintendent As outlined in §115.387 and required by VBJDC policy, the facility reviews all data collected from reports of sexual abuse to evaluate and strengthen its prevention, detection, and response practices. This process includes: 1. Identifying problem areas, 2. Implementing corrective actions on an ongoing basis, and 3. Preparing an annual report summarizing findings and corrective actions. The PREA Coordinator is responsible for compiling this data and submitting reports to the Superintendent for review and approval. The Superintendent confirmed that he signs off on the annual reports prior to publishing them on the facility's website. He also noted that the data is used to guide adjustments within the facility to enhance the sexual safety of both residents and staff. Each annual report compares the current year's data and corrective actions with those of previous years, providing an assessment of VBJDC's progress in addressing sexual abuse. The auditor's review of the 2024 Annual Report confirmed that the facility accurately reported sexual abuse data and included a comparative analysis of allegation types, trends, training efforts, and overall PREA compliance. In accordance with VBJDC policy, and as documented in the annual report, the facility may redact specific information when public disclosure could pose a clear and specific threat to safety or security. Any redactions are identified, with personal identifiers such as resident names, birth dates, and juvenile tracking numbers withheld to ensure confidentiality. The auditor verified that personal identifiers had been removed from the reviewed report. Compliance Determination: Based on the evidence presented, the auditor finds that the facility is in compliance with this standard and that no corrective action is required.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The following evidence was used to determine compliance for standard 115.389: Documents Reviewed: VBJDC Pre-Audit Questionnaire VBJDC 115.389 PREA Data Storage Publication and Destruction VBJDC Website: www.vbgov.com Interviews Conducted: PREA Coordinator VBJDC policy requires that all data collected on reports of sexual abuse be securely retained. In accordance with §115.387, the PREA Coordinator confirmed that such data is stored in a secure administrative area. Per policy, aggregated sexual abuse data is made available annually to the City of Virginia Beach Auditor and the Human Services Department Continuous Quality Improvement (CQI) Office. The data is also published each year on the City of Virginia Beach Human Services Department's VBJDC website. The auditor verified that this information is posted and accessible to the public. As required by §115.388, all personal identifiers are removed prior to making aggregated data publicly available. VBJDC policy further requires that sexual abuse data be maintained for at least ten years from the date of its initial collection, unless otherwise directed by federal, state, or local law. In alignment with the three-year PREA audit cycle, this information remains secured in the PREA Coordinator's office until its proper destruction after the ten-year retention period. Compliance Determination: Based on the evidence reviewed, the auditor finds the facility compliant with this standard and requiring no corrective action.

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: Documents Reviewed: VBJDC Records VBJDC Website: www.vbgov.com Observations during Facility Site Review VBJDC's previous on-site PREA audit was conducted June 6-8, 2022, with the final report submitted on July 27, 2022. The on-site portion of the current audit took place June 23-24, 2025. During this time, the auditor was granted full access to all areas of VBJDC. The auditor was provided access to relevant documentation, including electronically stored information, through the OAS, in person during the on-site visit, and afterward through email communication with the PREA Coordinator. The auditor was also permitted to conduct private interviews with both staff and residents. Residents were afforded the opportunity to send confidential correspondence directly to the auditor in the same manner as legal mail. Audit notices, posted throughout the facility, included the auditor's contact information. At the time of the final audit report, no resident correspondence had been received. Compliance Determination: Based on the evidence reviewed, the auditor finds the facility in compliance with this standard, with no corrective action required.
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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: Documents Reviewed: VBJDC Audit Reports VBJDC Website: www.vbgov.com

Interviews Conducted:

PREA Coordinator

The VBJDC website includes the prior final audit report, which was posted within 90 days of issuance. The PREA Coordinator confirmed that the current final audit report will also be published on the agency's website in accordance with this requirement.

Compliance Determination:

Based on the evidence reviewed, the auditor finds the facility compliant with this standard, with no corrective action required.

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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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.)	yes
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".)	yes
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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
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	yes

	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?	
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:	yes

	Residents who have speech disabilities?	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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.)	yes
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 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.)	na
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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	yes

	entity or office that is not part of the agency?	
	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 an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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?	yes
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
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.)	na
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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