

PREA Facility Audit Report: Final

Name of Facility: Shenandoah Valley Juvenile Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/24/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Sara E. Jones, PhD.	Date of Signature: 03/24/2022

AUDITOR INFORMATION	
Auditor name:	Jones, Sara
Email:	sjones@merrimac-center.net
Start Date of On-Site Audit:	02/07/2022
End Date of On-Site Audit:	02/09/2022

FACILITY INFORMATION	
Facility name:	Shenandoah Valley Juvenile Center
Facility physical address:	300 Technology Drive, Staunton, Virginia - 24401
Facility Phone	
Facility mailing address:	Staunton, Virginia - 24401

Primary Contact	
Name:	Mark LeGrys
Email Address:	mlegrys@svjc.org
Telephone Number:	5408860729

Superintendent/Director/Administrator	
Name:	Timothy Showalter
Email Address:	tshowalter@svjc.org
Telephone Number:	5408860729

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Kristopher Kann
Email Address:	kkann@svjc.org
Telephone Number:	5408860729

Facility Characteristics	
Designed facility capacity:	58
Current population of facility:	18
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	7-19
Facility security levels/resident custody levels:	Secure Detention
Number of staff currently employed at the facility who may have contact with residents:	48
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Shenandoah Valley Juvenile Center Commission
Governing authority or parent agency (if applicable):	
Physical Address:	300 Technology Drive, Staunton, Virginia - 24401
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Timothy J. Showalter
Email Address:	tshowalter@svjc.org
Telephone Number:	540-886-0729

Agency-Wide PREA Coordinator Information			
Name:	Mark LeGrys	Email Address:	MLeGrys@svjc.org

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.316 - Residents with disabilities and residents who are limited English proficient
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-02-07
2. End date of the onsite portion of the audit:	2022-02-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor contacted Just Detention International (JDI) to inquire if that agency had received any information regarding SVJC; JDI confirmed a check of their records showed no complaints on file regarding the facility for the twelve months preceding the audit.</p> <p>The auditor verified that Augusta Health provides SAFE/SANE services when necessary. The Children's Advocacy Center was also contacted as they provide advocacy services (including accompaniment to SANE/SAFE services), mental health services for victims, and training for SVJC staff; they too verified that they had received zero allegations/complaints related to sexual abuse or sexual harassment at SVJC in the preceding twelve months.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	58
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	26
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0

39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	7
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	There were twenty-six (26) residents in the facility on the day of the on-site visit, comprised of 12 Local, 7 State (Community Placement Program), and 7 Office of Refugee Resettlement residents. The auditor identified ten residents to participate in interviews (6 target population, 10 random); two of those residents declined to participate so two additional resident interviewees were selected at random. The two that declined to participate cited a simple disinterest in participating in the interview of their own volition. Five of the residents selected for participation were limited English speakers, the language line was utilized to assist with translation services for these interviews. One resident reported prior victimization (outside of SVJC) at the time of intake. At the time of the on-site, no residents in the facility identified as LGBTQ+.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	64
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>There are 90 full-time staff positions SVJC approved by the commission with 26 vacancies currently. The facility operates on three twelve-hour shifts (day, night, and swing) each consisting of a Shift Supervisor, Assistant Shift Supervisor, and several Resident Supervisors in various configurations depending on the shift and what is necessary to maintain staffing ratios. Staffing ratio requirements traditionally differ for ORR, PREA, and the State. ORR staffing ratios are the most stringent, requiring a staff-to-resident ratio of 1:6 during waking hours and 1:10 during sleeping hours; however, ORR relaxed these requirements due to the coronavirus pandemic and allows the facility to follow the PREA required staffing ratios of 1:8 waking hours and 1:16 sleeping hours. The Pre-Audit Questionnaire revealed that 24 staff had been hired during the past twelve (12) months. Ten files were selected randomly and included recent hires, tenured staff, and contractors (due to the Coronavirus Pandemic the facility has not been utilizing any volunteers over the past 12 months).</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>On the first day of the onsite the auditor was given a resident roster. The auditor used the roster to select random residents for interviews; this was achieved by numbering the list of names sequentially, then utilizing an online number randomizer, and selecting the requisite number of interviewees. The auditor reviewed the identified random interviewees to ensure that there was adequate representation of the facility's diversity. During the onsite there were 12 local residents, 7 state residents, and 7 ORR residents. The auditor ensured that both males and females were selected as well as individuals from various programs/housing pods.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Some residents were secured on medical precautions due to Covid, however, the auditor was still able to conduct interviews with those individuals following safety precautions (wearing a mask, conversing through a glass barrier, etc.). There were also several non-English speaking residents that required the use of the language line for interpretive services but the facility had no issues making those accommodations.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No residents with a cognitive or functional disability were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No residents who were blind or had low vision present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No residents who were deaf or hard of hearing present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>5</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No residents who identified as LGBTI present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No residents who identified as LGBTI present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No residents who reported sexual abuse in this facility present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	No residents are held in isolation for risk of sexual victimization per policy; this was confirmed by review of information obtained from the PAQ, documentation review, and discussion with staff and residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	No text provided.
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>3</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Most of the SVJC staff have multiple responsibilities, 10 of the staff were interviewed utilizing multiple protocols that correlated to the specialized duties they perform. In the same manner that residents were identified for participation in interviews, so too were staff. The PREA Coordinator shared which staff complete specialized duties, the auditor used a random number generator to identify the requisite number of interviewees and the PREA Coordinator reviewed the generated list and assured the auditor that all selected interviewees allowed for the necessary representation of specialized duties.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The facility site review took place on the first day of the onsite following the entrance meeting. The Executive Director and Deputy Director/PREA Coordinator provided guidance and information to the auditor throughout the facility. During the site review, the auditor took note of, and asked questions regarding, the facility layout, a diagram of which had been provided during the pre-onsite audit phase. The auditor actively engaged with staff, notated observations, and made inquiries throughout the site review. The auditor viewed camera system operations and identified camera locations throughout the facility, the auditor was unable to identify any blind spots. PREA related signage was prolific, there were zero-tolerance notifications, toll-free PREA hotline and local advocacy numbers were posted on housing pods near the resident telephones, and PREA information was in regular rotation on the electronic notifications (Kidcast) television on each pod, in classrooms, and in the lobby. The auditor heard staff announce their presence on housing pods (§115.315), witnessed resident movement and activity on the pods, verified staffing ratios and inquired about supervision practices (§115.313). The auditor also observed the intake area, the outdoor recreation areas, the clinic, counseling offices, the visitation area, classrooms, the kitchen, and storage areas. Conversation was had with teachers, medical staff, case managers, and resident supervisors. There were no admissions on the day of the on-site visit for the auditor to witness an intake, screening, and classification process as a live application, however, the auditor had intake staff walk through the process in mock fashion during interviews. The auditor was able to take photographs throughout the facility review, as visual documentation of living and programmatic areas, surveillance system placement, and PREA related informational postings with the understanding that resident confidentiality was to be maintained.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>All files were selected in the same manner as interviews, from a randomly generated list of numbers which corresponded to the alphabetical rosters provided to the auditor. The file review consisted of five (5) comprehensive resident files (which included their corresponding medical and mental health records), ten (10) employee training files/records (these files contained background checks, proof of child abuse registry checks, references, and detailed the type of training the employee received to include PREA training documentation) for a total of 15 file reviews. Additional training files were reviewed for the individuals that require specialized PREA training (investigations, mental health, and medical staff).</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	9	0	9	0
Staff-on-inmate sexual harassment	1	1	1	1
Total	10	1	10	1

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	2	6
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	1	2	7

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations in the twelve months prior to the onsite.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	10
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	9

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>SVJC maintains a zero tolerance for resident-on-resident sexual assault, staff sexual misconduct, and sexual harassment toward offenders. Every allegation of sexual assault, misconduct, and harassment is thoroughly investigated. SVJC conducts administrative investigations into allegations of sexual misconduct. All criminal investigations, and related protocols, are completed by the Augusta County Sheriff's Office. Investigations may be completed by any combination of the following agencies: Shenandoah Valley Department of Social Services, Department of Juvenile Justice, Augusta County Sheriff's Department, Virginia State Police, Office of the Inspector General, Federal Bureau of Investigation, and Augusta County Commonwealth Attorney. There was one case referred for criminal investigation and zero cases referred for prosecution, in the twelve months preceding the audit. As reported by the PREA Coordinator on the PAQ, review of facility documentation (i.e., incident reviews), and interviews with facility staff, there have been zero allegations of sexual abuse and 10 allegations of sexual harassment reported in the past twelve months. Of the 10 allegations of sexual harassment, seven were substantiated, two were unsubstantiated, and one was unfounded. Files related to each of these incidents were reviewed. Documentation was thorough, provided a description of the alleged incidence, staff response, notifications made, correspondence with Child Protective Services and ACSO, services offered/rendered, and clear findings. The fact that these allegations were made, the facility's extensive documentation, responsive services, and the findings suggest a healthy understanding and respect for the reporting process at SVJC.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> 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
<p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1046 300">The following evidence was used to determine compliance for standard 115.311:</p> <p data-bbox="244 306 469 333">Documents Reviewed:</p> <p data-bbox="244 362 549 389">SVJC Pre-Audit Questionnaire</p> <p data-bbox="244 418 751 445">SVJC 6.1 General Information Introduction (PREA)</p> <p data-bbox="244 474 555 501">SVJC 7.2 Organizational Chart</p> <p data-bbox="244 593 469 620">Interviews Conducted:</p> <p data-bbox="244 649 491 676">SVJC Executive Director</p> <p data-bbox="244 705 494 732">SVJC PREA Coordinator</p> <p data-bbox="244 761 448 788">SVJC Random Staff</p> <p data-bbox="244 817 501 844">SVJC Random Residents</p> <p data-bbox="244 880 1461 1041">Shenandoah Valley Juvenile Center (SVJC) presented a 28-page written policy, during the pre-audit period, which clearly articulates a mandate for zero tolerance toward all forms of sexual abuse and sexual harassment within their facility. The facility's policy 6.1, General Information Introduction, amended and reissued with an effective date of October 18, 2018, outlines SVJC's approach to preventing, detecting, and responding to all forms of sexual abuse/sexual harassment; and is written in accordance with the standards set forth by the Prison Rape Elimination Act (PREA).</p> <p data-bbox="244 1070 1445 1265">A thorough review of the policy, in combination with conducted interviews with 10 residents, 14 random staff, the PREA Coordinator, and the Executive Director, affirmed to the auditor that SVJC proffers a "Zero Tolerance" culture toward all forms of sexual abuse and sexual harassment; staff make a concerted effort and take measures to prevent, detect, and respond to any form of sexual abuse/harassment; and residents feel safe and comfortable housed within the facility. This policy is a part of the facility's standard operating procedures and is provided to staff at hiring and reviewed regularly as confirmed by this auditor's review of staff five random staff training records.</p> <p data-bbox="244 1294 1485 1388">SVJC policy 6.1 offers comprehensive definitions and clarification of prohibited conduct at SVJC, provides an overview of interventions and disciplinary sanctions for such conduct, and offers a description of the facility's strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="244 1417 1485 1612">SVJC has an appointed an upper-level PREA Coordinator. In his interview, the PREA Coordinator indicated he has sufficient time and authority to develop, coordinate, direct, and oversee the facility's efforts to comply with the PREA Standards. Further discussions, and as evidenced by a review of certifications, the PREA Coordinator has participated in webinars conducted by the PREA Resource Center and the National Institute of Corrections in relation to his role and responsibilities as the PREA Coordinator. Most recently, he had completed a review of PREA policies specific to the facility on June 15, 2021.</p> <p data-bbox="244 1641 1485 1906">Review of the facility's 7.2 Organizational Chart indicates that the PREA Coordinator also acts in the role of Deputy Director of Programs for SVJC and reports directly to SVJC's Executive Director. The PREA Coordinator described his responsibilities regarding PREA as ensuring all staff are trained in PREA standards, conducting investigations, monitoring staff and resident interactions, reviewing serious incident reports, maintaining records of PREA related incidents, and ensuring PREA compliance. The Executive Director indicated that PREA compliance and the sexual safety of the residents remanded to his facility remains a priority. As well, he expressed confidence and support for the PREA Coordinator in his duties and responsibilities in that role and has authorized the PREA Coordinator to dedicate any time and effort necessary to ensure the facility's compliance with the PREA Standards.</p> <p data-bbox="244 1935 1481 1998">SVJC operates only one facility therefore a PREA Compliance Manager is not a requirement and provision 115.311(c) is not applicable.</p> <p data-bbox="244 2027 517 2054">Compliance Determination:</p> <p data-bbox="244 2060 1425 2123">Based on review of SVJC policy, interviews with staff, residents, the Executive Director and the PREA Coordinator, the auditor has determined that no corrective action is needed; the facility has met the standard.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.312:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>Interviews Conducted:</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p> <p>Through review of the PAQ and as confirmed by interviews with SVJC administration, Shenandoah Valley Juvenile Center operates only one facility and does not contract with other entities for the confinement of residents; therefore, this standard is not applicable.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility is in compliance with this standard and no corrective action is necessary.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.313:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC 5.17 Perimeter Control and Security Checks</p> <p>SVJC Staffing Plan 2020</p> <p>SVJC Annual PREA Assessment 2020</p> <p>Document Review (Resident/Staff Rosters, Unannounced Rounds/Room Checks)</p> <p>Cooperation Agreement with Office of Refugee Resettlement</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Interviews with Specialized Staff (Intermediate/Higher Level)</p> <p>Interviews with Random Staff</p> <p>Observations during Facility Site Review</p> <p>SVJC has developed, implemented, and documented a staffing/supervision plan that provides for adequate levels of staffing to protect residents from sexual abuse and sexual harassment; the staffing plan is enhanced by the facility's video monitoring capabilities. The plan was designed and developed by using a Staffing Analysis Design Template.</p> <p>SVJC has had an average daily population (ADP) of 22 residents since the last PREA Audit, on the day of the current on-site review there were 26 residents. Regardless, the staffing plan is predicated on an ADP of 58 residents. The facility presented the current Staffing Plan (2020) which was utilized for the past twelve (12) months and their (2020) Annual PREA Assessment for review.</p> <p>A review of the staffing plan detailed the process by which current staffing, possible changes to staffing, and future staffing determinations are analyzed and made with consideration given all components of the facilities physical plant, the composition of the resident population, the number and placement of supervisory staff, programmatic operations on all shifts, applicable State and local laws, regulations, and standards, which comprise the eleven (11) provisions of the PREA Standard 115.313(a). There are 88 cameras throughout the facility that provide for detailed surveillance of the physical plant, all but eliminating blind-spots, thereby increasing SVJC's sexual safety practices by allowing continuous supervision of resident and staff whereabouts and activities.</p> <p>Per the Pre-Audit Questionnaire, SVJC had no deviations from the staffing plan during the past twelve months. During interviews with the PREA Coordinator, shift supervisors, and resident supervisors (line staff), all attested to the fact that there were no deviations from the staffing plan.</p> <p>SVJC maintains staffing ratios in accordance with PREA standards, requirements of state law, and federal regulation (which are the most stringent). Due to the housing of residents (unaccompanied minors) assigned under the Office of Refugee Resettlement and in accordance with the tenants of the Cooperation Agreement between the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), and the Division of Children Operations (DUCO), SVJC is typically mandated to maintain a staff-to-resident supervision ratio of 1:6, during waking hours and a staff-to-resident supervision ratio of 1:10 during sleeping hours. However, due to the Coronavirus Pandemic, the ORR relaxed their requirements to align with PREA standards of 1:8 during waking hours and 1:16 during sleeping hours.</p> <p>Again, per responses in the Pre-Audit Questionnaire and interviews with the PREA Coordinator and Executive Director, there have been zero instances of deviation from the staffing ratios; during the on-site visit, staffing and supervision ratios were</p>

confirmed by the auditor's personal observation of the activity room, gym, visitation area, housing pods, during waking/programming hours and during non-waking/sleeping hours. Additional facility observations, by video monitoring and review of pod rosters/work assignments, did not indicate any deviation in staffing patterns. Interviews of staff from the day, swing, and evening shifts confirmed that SVJC maintains a staffing ratio of 1:8 waking and 1:16 sleeping, at all times.

The PREA Coordinator attested that the staffing plan exceeds that required by PREA and is predicated upon the facility's total bed-space capacity and typically as mandated by the Office of Refugee Resettlement (ORR), though they have a variance in place with ORR staffing requirements due to Covid as previously mentioned. Interviews with the PREA Coordinator and Executive Director support frequent discussions/reviews of the staffing plan particularly in times of position vacancies. Furthermore, SVJC completes an Annual PREA Assessment for compliance with the Department of Justice's PREA Standards. The annual assessment is completed by an upper-level staff person and provided to the Executive Director for review and to determine whether any adjustments are needed to ensure prevention, detection, and response to sexual abuse and sexual harassment in the facility. Review of the 2020 Annual PREA Assessment indicates that consideration was given to lighting and surveillance cameras, identification of blind spots/areas, safety of common areas, radio communications, classrooms, office areas, bathroom areas, and resident supervision. The form is used in conjunction with the staffing analysis to identify potential vulnerabilities and make recommendations for improvement. SVJC's most recent Annual PREA Assessment was completed by the Deputy Director of Operations and indicates that there were no issues/concerns identified. The Executive Director shared additional digital cameras were added in the facility to enhance visual monitoring of residents and staff; several analog cameras were replaced with digital cameras and two additional camera locations were added since the 2019 PREA Audit.

SVJC policy 5.17, Perimeter Control Movement and Security Checks, (specifically section 3.3, PREA Unannounced Rounds) indicates that the facility is aware and accountable for unannounced rounds conducted by intermediate or higher-level staff (on day and night shifts) in an effort to identify and deter sexual abuse and sexual harassment at the facility. It also suggests that staff are prohibited from alerting other staff members of their occurrence. The security checklist detailed in policy 5.17, section 4.2, further outlines the locations, both interior and exterior, that are to be observed by shift supervisors and/or assistant shift supervisors at various (unspecified) points each shift. The policy dictates that "two of the checks must be unannounced rounds to identify and deter staff sexual abuse and sexual harassment," and that the checks will be documented on the pod check sheets.

Interviews with two intermediate/higher level staff suggested that they had a solid understanding of this policy; they shared that rounds/room checks are completed every fifteen minutes by resident supervisors (line staff) and that PREA rounds/administrative checks are conducted four times per shift at random, unannounced intervals, and documented on the pod check sheets. The auditor spot-checked documentation of unannounced rounds, provided upon request by the PREA Coordinator, and was able to verify that supervisory staff conduct unannounced rounds on each shift.

Compliance Determination:

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

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1046 300">The following evidence was used to determine compliance for standard 115.315:</p> <p data-bbox="244 331 469 358">Documents Reviewed:</p> <p data-bbox="244 389 549 416">SVJC Pre-Audit Questionnaire</p> <p data-bbox="244 448 453 474">SVJC 5.19 Searches</p> <p data-bbox="244 506 584 533">SVJC 3.20 Post Order-Pod Duties</p> <p data-bbox="244 564 533 591">SVJC PREA Training Outline</p> <p data-bbox="244 622 651 649">Document Review (Staff Training Forms)</p> <p data-bbox="244 730 469 757">Interviews Conducted:</p> <p data-bbox="244 788 429 815">PREA Coordinator</p> <p data-bbox="244 846 536 873">Interviews with Random Staff</p> <p data-bbox="244 904 588 931">Interviews with Random Residents</p> <p data-bbox="244 963 647 990">Observations during Facility Site Review</p> <p data-bbox="244 1021 1493 1447">Responses on the Pre-Audit Questionnaire indicate that SVJC does not conduct cross gender strip searches, cross gender visual body cavity searches of residents, or cross gender pat down searches; in the past twelve months there were zero cross-gender searches of any kind, regardless of circumstance. SVJC policy 5.19 Searches, section 4.1.A, prohibits cross-gender searches; the policy further requires that all searches are to be documented in the Daily Log and are to include the existing circumstances that justified the search when other than routine, as well as documenting who conducted the search. While staff were able to articulate what could constitute an exigent circumstance (i.e., Hurricane, fire, riot, etc.) they suggested, during interviews, that they have never, and would never, conduct cross-gender searches as the staffing plan allows for adequate coverage and searches to be conducted in accordance with policy. 100% of the residents interviewed confirmed that they have never been subject to cross gender searches of any kind. The auditor reviewed 10 resident files and interviewed and 10 random residents and found zero indication of cross-gender searches being conducted. Staff rosters support an appropriate male/female staff ratio that would not warrant the need for cross-gender searches. During interviews with the PREA Coordinator, medical staff (2), and non-medical staff (3) all confirmed that cross-gender strip searches/cross-gender visual body cavity searches of residents, under any circumstance, are not conducted at SVJC.</p> <p data-bbox="244 1478 1477 1671">SVJC presented policy 3.20, Post Order-Pod Duties, section 1.2A, which states, “residents shall be provided privacy from routine sight supervision by staff members of the opposite sex while bathing, dressing or conducting toileting activities, except when constant supervision is necessary to protect the resident due to mental health issues involving, self-injurious behaviors or suicidal ideations/attempts.” Policy 3.20-1.2S, adds, “residents will be allowed to perform bodily functions and change clothing without non-medical staff of the opposite gender viewing of their breasts, buttocks or genitalia, except in the case of emergency, by accident or when such viewing is incidental to routine cell/room checks.”</p> <p data-bbox="244 1702 1493 1998">The auditor noted during the facility site review of the intake area and housing pods that the facility design supports privacy from staff during resident bathing, dressing, and toileting activities. During the auditor’s observation of the master control room, it was verified that camera views do not expose residents when in areas of the shower or toilet. Interviews conducted with the PREA Coordinator and facility staff indicated a firm policy against cross-gender viewing. All interviewed residents stated they have not been subjected to cross-gender viewing, felt safe from inappropriate viewing, and are afforded adequate privacy while in their room. All residents shower individually (including transgender or intersex youth), same sex staff conduct showers and are located outside of the bathroom door to afford residents privacy. There are no cameras in the residents’ rooms; intake cells (3) and intensive supervision cells (2) have cameras, but the toileting area is blocked from camera view as confirmed by this auditor during control room observations.</p> <p data-bbox="244 2029 1477 2152">Policy 3.20-3.0H requires staff of the opposite gender to announce their presence when entering a resident housing area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility has installed a doorbell device on all resident housing units which is used to facilitate this announcement. All staff indicated that they announce their presence when entering a housing pod using a doorbell; when the auditor inquired about the bell tone, it was</p>

reported that it was a conscious decision as the facility houses numerous non-English speaking residents. The tone is universally understood by the residents (based on interviews with residents and staff) to mean someone of the opposite sex is entering the pod. The PREA Coordinator, medical staff, and mental health staff also indicated their awareness and utilization of the doorbell system when entering a pod. Throughout the facility site review, the auditor witnessed use of the doorbell during 100% of entrances onto a pod, by all levels of staff. Additionally, staff indicated that they typically do not conduct room checks on residents of the opposite gender but should circumstance necessitate their doing so, they also announce verbally at each resident's door that they are conducting a check.

SVJC has verbiage annotated in policies 5.19-3.2 A (Searches) and 3.20 -1.2 T (Post-Order Pod Duties) which prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The policy further suggests that if a resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner. Interviews conducted with the PREA Coordinator, and 14 random staff confirmed facility operations prohibit the searching or physical examination of transgender or intersex residents for the sole purpose of determining the resident's genital status. The PREA Coordinator indicated that the facility did not house any transgender or intersex residents during the past twelve (12) months. A review of the files of the residents housed in the facility at the time of the on-site visit did not disclose any transgender or intersex residents for confirmation interview.

All interviewed staff affirmed the receipt of cross-gender search training. Documentation of training is stored in each employee's training record and were identified in each of the 10 staff files selected for document reviewed in conjunction with review of the supplied training rosters which indicated staff receipt of training per staff signature. All training was up to date and refresher training conducted within the past year.

Compliance Determination:

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

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.316:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC 5.12 Residents with Special Needs</p> <p>SVJC 2.2.2 Language Line (Policy and Use during On-site)</p> <p>SVJC 2.2.11 Resident Orientation Handbook (Spanish and English Version)</p> <p>SVJC Sexual Abuse and Harassment Pamphlet (Spanish and English Version)</p> <p>PREA Orientation Video (Spanish and English Version)</p> <p>Sexual Abuse Hotline/Posted Phone Numbers (Spanish Option)</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Staff (Bi-lingual)</p> <p>Interviews with Specialized Residents</p> <p>Observations during Facility Site Review</p> <p>SVJC's operations have incorporated appropriate procedures to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. SVJC Policy 5.12, Residents with Special Needs, suggests that "it is not normally appropriate for a blind, visually, or physically impaired child to be placed in secure detention. In the event this should occur, special services will be obtained according to the need of the resident." Policy 5.12 further addresses the manner in which residents with disabilities will be accommodated to include the provision of any needed services being provided by the detaining jurisdiction. The facility designates a staff member on each shift to assist any resident with special needs to include providing guidance during emergency evacuation procedures. SVJC also has use of a language line to connect with interpretive services and a TDD machine for calls for deaf residents.</p> <p>Regarding PREA related information, policy 5.12 indicates, "The PREA Coordinator or designee will convey verbally all written information about sexual abuse policies, including how to report sexual abuse and sexual harassment, to residents who have limited reading skills or who are visually impaired," and that those residents with limited English proficiency, deaf, or disabled will have PREA reporting mechanisms available to them without relying on resident interpreters. In addition to assigned pod supervision staff, each resident is assigned a case manager and clinician who also facilitate discussions with any resident who may present with intellectual or psychiatric disabilities regarding their rights to be free from sexual abuse and sexual harassment. The Pre-audit Questionnaire and the PREA Coordinator stated in the past twelve (12) months, there have been no residents housed in the facility with a hearing, vision, or speech disability.</p> <p>SVJC takes practical steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents with limited English proficiency (LEP). Interview responses from intake staff indicated that during a resident's intake process, Spanish speaking residents are processed by a Spanish-speaking staff member, they are informed of the PREA by use of a Spanish language video that details their rights to be free from sexual abuse and sexual harassment, and they are issued a sexual abuse and harassment pamphlet in Spanish which outlines rights and reporting methods. The PREA review also includes the Zero Tolerance Policy, how to report allegations of sexual abuse/harassment, and the grievance process. It was observed during the facility site review that LEP residents are also provided a resident handbook written in Spanish, numerous Spanish PREA posters located throughout the building, and reporting methods available in Spanish posted on each pod. The phone system is accessible in Spanish as well. If/when a resident speaks a language other than Spanish, interpretive services are used to accommodate, as indicated by postings</p>

listed in Pashto throughout the building as well.

As with all residents, LEP residents are also assigned a case manager and a clinician, and those professionals are bi-lingual. In addition to Spanish speaking staff interaction during the Intake process or with the Spanish speaking staff assigned to the pods, interviews with a case manager and clinician indicated they reaffirm the PREA tenants to the residents during their weekly contacts with each resident. SVJC has a cooperative agreement with the Office of Refugee Resettlement to house unaccompanied minors. There were several residents housed under this agreement whose primary language was Spanish, six of which were identified for interviews during the on-site audit. SVJC is purposeful about hiring bi-lingual staff (as suggested by review of employment qualifications).

During the on-site portion of the audit, there were no disabled residents in custody, however, there were several residents who were non-English speaking. Several of the staff are Bi-lingual, as confirmed by their employment records and in conversation during interviews. The facility has access to the "language line" that accommodates interpretive services for multiple languages; this line was utilized by the auditor during the on-site interviews with several of the ORR residents. Each of the six LEP residents interviewed indicated that they were comfortable with use of the interpreter and agreed to their phone presence prior to engaging in the interviews. The auditor's limited Spanish proficiency allowed for confirmation of accurate interpretation services.

Each resident confirmed to the auditor that during the intake process, they were shown a Spanish language video about their rights to be free from sexual abuse and sexual harassment; acknowledged receipt of a resident handbook, have seen one or more posters located in the facility that proffers the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, and acknowledged that there were multiple reporting methods available to them in their own tongue.

SVJC does not rely on or use resident interpreters, resident readers, or other types of resident assistants; policy 5.12-3.0 (k) denotes, "all residents who are limited English proficient, deaf, or disabled will be given additional means to report sexual abuse and sexual harassment to staff directly or through other established reporting mechanisms, without relying on resident interpreters, absent exigent circumstances." Per the PAQ response, there were zero instances in the past twelve months where resident interpreters, readers, or other types of resident assistants have been used. The LEP residents affirmed that other residents have never been utilized as interpreters for them. Interviews with random staff suggested that multiple bi-lingual staff are always available and that a resident interpreter would only be utilized in exigent circumstances that, without their use, would compromise the safety of the resident needing assistance; they also confirmed that these instances would be documented if ever utilized.

Compliance Determination:

SVJC has ensured that residents with disabilities and residents who are limited English proficient have access to specialized visual and written materials, TDD services, language specific phone lines, interpretive services, bi-lingual staff, English and Spanish versions of all written materials, and individualized services to meet specific resident needs. SVJC also refrains from using resident interpreters, readers, or assistants for residents making a PREA related report. Given that SVJC has taken exceptional measures to ensure that residents with disabilities and residents who are limited English proficient have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, the auditor has determined that they substantially exceed the requirements of the standard; no corrective action is required.

115.317	Hiring and promotion decisions
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 1046 300">The following evidence was used to determine compliance for standard 115.317:</p> <p data-bbox="244 329 469 358">Documents Reviewed:</p> <p data-bbox="244 387 549 416">SVJC Pre-Audit Questionnaire</p> <p data-bbox="244 445 537 474">SVJC 7.30 Staff Employment</p> <p data-bbox="244 504 611 533">Review of Employee Personnel Files</p> <p data-bbox="244 616 469 645">Interviews Conducted:</p> <p data-bbox="244 674 427 703">Executive Director</p> <p data-bbox="244 732 430 761">PREA Coordinator</p> <p data-bbox="244 790 526 819">Human Resources Manager</p> <p data-bbox="244 848 542 878">Deputy Director of Operations</p> <p data-bbox="244 960 1485 1323">SVJC's policy 7.30, Staff Employment, indicates the facility will not hire or promote employees, nor contractors, who have contact with residents, who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity just described. The auditor conducted an interview with the Director of Operations and with the Human Resources Manager, both confirmed the hiring process as outlined in policy 7.30, as did the PREA Coordinator and the Executive Director. Throughout the audit, the auditor was afforded unfettered access to the facility's personnel files (employee, contractor, and volunteer) to determine compliance with this provision. The auditor reviewed and confirmed that 100% of the employee personnel files reviewed contained criminal record background checks and allowed for confirmation that questions regarding past conduct were asked and answered at the time of hire or promotion.</p> <p data-bbox="244 1352 1485 1480">During the interview with the Human Resources Manager, she indicated that incidents of sexual harassment are considered when determining whether to hire or promote someone; and information regarding sexual abuse/sexual harassment obtained during the course of the background investigation would also be considered prior to an offer of hire. This understanding also pertains to the service enlistment of any contractor who may have contact with residents per SVJC policy 7.30 (g).</p> <p data-bbox="244 1509 1485 1673">As outlined in SVJC policy 7.30 (A), "all persons who (i) accept a position of employment at, (ii) volunteer on a regular basis and will be alone with a resident in the performance of their duties, or (iii) provide contractual services directly to a resident on a regular basis and will be alone with a resident in the performance of their duties in a juvenile residential facility shall undergo the following background checks, in accordance with § 63.2-1726 of the Code of Virginia, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the facility."</p> <p data-bbox="244 1702 716 1731">The elements of the background check include:</p> <ol data-bbox="244 1760 1182 2018" style="list-style-type: none"> <li data-bbox="244 1760 456 1789">1. A reference check; <li data-bbox="244 1818 512 1848">2. A criminal history check; <li data-bbox="244 1877 1182 1906">3. A fingerprint check with the Virginia State Police and Federal Bureau of Investigations (FBI); <li data-bbox="244 1935 855 1964">4. A central registry check with Child Protective Services; and <li data-bbox="244 1993 911 2022">5. A driving record check, if applicable to the individual's job duties. <p data-bbox="244 2105 1485 2161">The Pre-Audit Questionnaire revealed that 24 staff had been hired during the past twelve (12) months. Ten files were selected randomly and included recent hires, tenured staff, and contractors (due to the Coronavirus Pandemic the facility has</p>

not been utilizing any volunteers over the past 12 months). Each file reviewed was organized in a neat and orderly manner. Each of the files contained documents which inquired about past conduct and background checks; file review found that no applicant(s) had self-admitted nor had documented incidents of sexual abuse or sexual harassment. The required documents were readily accessible, and all files contained the required background check documentation outlined in the policy including Live Scan Criminal Background checks and Child Abuse Registry checks. Interviews with the Director of Operations and the Human Resource Manager confirmed that SVJC made its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse. Such questions are asked during the reference check portion of the background check, per facility policy 7.30-3.3-A1.

The auditor confirmed, through an interview with the Human Resources Manager, that SVJC conducts employee criminal background checks every five years and/or as a condition of employee promotion, in keeping with facility policy 7.30 (H & I). These background checks are completed by the Director of Operations following the issuance of a job offer and every five years after that throughout the course of employment. The auditor's review of applicable employee/contractor files indicated that the necessary five-year criminal background records checks were completed accordingly.

SVJC policy 7.30 (I) states, "all applicants and employees are asked directly about previous misconduct in written applications for hiring or promotions, in interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. SVJC will also impose upon employees a continuing affirmative duty to disclose any such misconduct." The initial auditor confirmed through an interview with the Human Resources Manager that SVJC asks all applicants specifically about previous misconduct described in § 115.317(a). The auditor reviewed ten employee files and determined that documentation completed by employees verified that the required questions were asked and answered.

As set forth in SVJC policy 7.30-3.3 (J) "material omissions regarding misconduct related to sexual abuse and sexual harassment is grounds for termination". The auditor's interviews with the Director of Operations, Human Resources Manager, and the PREA Coordinator, indicated no employee had been terminated in relation to this provision. There were no such instances for the auditor to review.

As set forth in facility policy 7.30-3.3 (K), SVJC "will provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." According to the Human Resources Manager, confirmed this practice, noting her office has received no such requests during the past twelve (12) months.

Compliance Determination:

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

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.318:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>Facility Layout Map</p> <p>Observations during Facility Site Review</p> <p>Interviews Conducted:</p> <p>Executive Director</p> <p>PREA Coordinator</p> <p>Director of Operations</p> <p>SVJC reported on the Pre-Audit Questionnaire there had been no expansion or modifications to the existing facility during the past twelve (12) months. Interviews with the Executive Director, Director of Operations, and the PREA Coordinator confirmed there has been no expansion to the physical plant during the past twelve (12) months. The Director of Operations reported there had been updates to cameras in the facility's video monitoring system changing over analog to digital cameras, there was also an addition of two new digital cameras since the last PREA audit. The system consists of 88 cameras in total. The upgrade to digital cameras continues to enhance the clarity of "real-time" viewing and video recordings. The cameras offer comprehensive secondary monitoring of the residents, staff, and facility grounds as observed by the auditor during the facility site review.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard; no corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.321:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC 6.1 Prison Rape Elimination Act</p> <p>SVJC PREA Assault Investigation Form</p> <p>MOU with Valley Children's Advocacy Center</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Director of Operations</p> <p>Training Coordinator</p> <p>Medical and Mental Health Staff</p> <p>Augusta Health/Forensic Examination Unit (Phone Contact)</p> <p>Valley Children's Advocacy Center (Phone Contact)</p> <p>Just Detention International (JDI) (Phone Contact)</p> <p>National Organization for Victim Assistance (NOVA) (Email Contact)</p> <p>SVJC conducts administrative investigations on all reported incidents of alleged sexual abuse and/or sexual harassment; the PREA Coordinator has the responsibility for the oversight of the administrative investigations. All allegations of sexual abuse and/or sexual harassment that rise to the level of a criminal complaint will be reported to the Augusta County Sheriff's Department for investigation. Those criminal allegations are also required to be reported to the Virginia Department of Juvenile Justice and the Department of Social Services' Child Protective Services Unit, per SVJC policy 6.1(G).</p> <p>Investigations may also be conducted in any combination by the following law enforcement agencies: the Virginia State Police, Office of the Inspector General, Federal Bureau of Investigation and Augusta County Commonwealth Attorney's Office. If the investigation involves a resident assigned to the Office of Refugee Resettlement (ORR) program, a report must also be made to the Department of Homeland Security, per policy 6.1(G). Whether the allegation of sexual abuse or sexual harassment is investigated as an administrative investigation or the allegation is investigated as a criminal complaint, the facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and/or criminal prosecutions. The evidence protocol utilized by SVJC is outlined in policy 6.1-3.7 and provides staff guidance in "securing the crime scene to maximize the potential for obtaining and preserving usable physical evidence pending law enforcement investigation and/ or forensic examination."</p> <p>The auditor's interview with the Deputy Director of Operations, the Training Coordinator, and the PREA Coordinator, affirmed that all staff are trained on crime scene preservation and the methods required to secure potential evidence. The same was confirmed both clearly and consistently, in interviews with line staff and shift supervisors. Further, staff referenced a "PREA Kit" that contained all items needed to "tape off" the area of an incident and the materials needed to gather, store, and/or preserve evidence until such time as it could be turned over to the investigative agency; they have never had cause to utilize it but know that is available.</p> <p>An interview with the PREA Coordinator indicated that the facility's Incident Review Team, staffed by the PREA Coordinator, the Executive Director, and the Director of Operations, conducted a total of ten (10) administrative investigations involving alleged inappropriate sexually related conduct reported; one of which was passed along for criminal investigation.</p> <p>As reported by the PREA Coordinator on the PAQ, review of facility documentation (investigative files/incident reviews), and</p>

interviews with facility staff, there have been zero allegations of sexual abuse and ten allegations of sexual harassment reported in the past twelve months. The auditor reviewed all ten (10) investigative files and found the following:

- Nine incidents involved allegations between resident-on-resident
- Zero incidents involved an allegation between resident-on-staff
- One incident involved an allegation of staff-on-resident
- Four allegations involved inappropriate comments
- One allegation involved inappropriate touching
- Five allegations involved inappropriate gestures
- Seven allegations were classified as Substantiated
- Two allegations were classified as Unsubstantiated
- One allegation was classified as Unfounded
- One allegation was reported to ACSO and CPS (None were investigated by DHS)
- Nine allegations did not meet the criteria for reporting to Child Protective Services

Documentation was thorough, provided a description of the alleged incident, staff response, notifications made, correspondence with Child Protective Services and ACSO, services offered/rendered, and clear findings. Based on the review of the administrative investigations, all were conducted in accordance with the tenants, (a-e) of this standard. The fact that these allegations were made, the facility's extensive documentation, responsive services, and the findings, suggest a healthy understanding and respect for the reporting process at SVJC.

SVJC reports that the uniform evidence protocol is developmentally appropriate for youth and referenced that their protocol is predicated upon the National Protocol for Sexual Assault Medical Forensic Examinations 2013. Interviews conducted with SVJC staff also determined that the protocols are developmentally appropriate for residents and that staff has been trained to respond accordingly. In accordance with SVJC policy 6.1-3.4(c), "specialized training is provided for employees who may respond, as part of their job duties, to reported incidents of sexual assault. This training may include, but is not limited to: crime scene management, elimination of contamination/exposure in accordance with (SOP 4.21 Bloodborne Pathogen Exposure Control Plan), evidence collection protocol and crisis intervention."

SVJC offers all residents that experience sexual abuse, access to forensic medical exams at an outside facility (forensic medical exams are not conducted onsite). As mandated in policy 6.1-3.8 B, the forensic exams, provided without financial cost to the resident, are conducted by Augusta Health, Staunton, Virginia. The policy also indicates that such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANEs) when possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. All efforts to provide SANEs or SAFEs will be documented; a review of the facility's PREA Sexual Abuse Incident Review Form indicated an allotment of space for such documentation.

The auditor confirmed with medical staff that the medical exams would be provided free of cost. In addition, the initial auditor contacted Augusta Health and inquired on the hospital's protocol for treatment and examinations offered to victims of sexual assault. The emergency room's Chief Charge Nurse, confirmed that Augusta Health has a Forensic Examination Unit, employs several sexual assault nurse examiners (SANE), full-time, as well as, on-call; and, that the Unit conducts forensics examinations. Availability of forensic examinations at Augusta Health was further corroborated through review of the Augusta Health website. The PREA Coordinator and medical staff confirmed to the auditor that during the past twelve (12) month review period, there were no forensic medical exams performed as a result of a SVJC report of sexual abuse.

SVJC's policy 6.1-3.8 (E) indicates that "resident victims of sexual abuse shall receive timely, unimpeded access to medical services and crisis intervention services." The PREA Coordinator shared that the SVJC has a MOU with Valley Children's Advocacy Center (VCAC); VCAC will provide victim advocacy and emotional support services for any resident of SVJC that is a victim of sexual abuse. Furthermore, policy 6.1-3.8(C) indicates that, "the qualified mental health provider (QMHP), Medical Director and Child Advocate from the Valley Children's Advocacy Center is notified as soon as possible, but no later than the next business day of all alleged sexual assaults. After providing mental health counseling, the QMHP consults with the investigator regarding the investigation. Appropriate assistance/mental health services will be available to the resident victim(s) of sexual assault." The auditor contacted VCAC and was able to confirm their relationship and service agreement with SVJC. A review of the PREA Sexual Assault Incident Review Form suggests that the facility offers and documents their efforts to make a victim advocate available. The MOU and interviews with VCAC staff and the PREA Coordinator indicate that VCAC will also provide specialized training to SVJC staff regularly as required by PREA standards, at the SVJC.

This provision mandates that, as requested by the victim, the victim advocate, a qualified agency staff member or a qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process, investigatory interview and provide emotional support, crisis intervention, information, and referrals; SVJC, as previously noted, has entered into a MOU with VCAC for the provision of such services. No residents reported sexual abuse during the previous twelve months for verification of these services, however, interviews with the PREA Coordinator, a mental health clinician, and random SVJC staff confirmed the provision of mental health/emotional support services offered in-house and through the Valley Children's Advocacy Center. Observations during the facility site review indicated that VCAC contact information is readily available to residents and staff on PREA Posters, pod phone contact sheets, and in the resident handbook. A review of the MOU confirmed compliance with the tenants of the provision; VCAC agrees to provide SVJC victims with confidential emotional support services related to sexual abuse and sexual harassment, assist victims as an advocate and provide information regarding available resources (during and after their detainment), serve as advocate for the victim during any procedures requested, provide emotional support services for residents who fear retaliation for reporting sexual abuse or harassment or for cooperating during an investigation of such, and provide information and assist with referrals, as necessary, to mental health services upon release from SVJC.

SVJC policy 6.1-3.2(G) denotes, "For purposes of investigation, SVJC will only conduct administrative investigations of all reported incidents of sexual misconduct. Criminal investigations for incidents of sexual misconduct will be conducted by the Augusta County Sheriff's Office. Investigations may be completed by any combination of the following agencies: Shenandoah Valley Department of Social Services, Department of Juvenile Justice, Augusta County Sheriff's Department, Virginia State Police, Office of the Inspector General, Federal Bureau of Investigation and Augusta County Commonwealth Attorney. In the event of a reported incident of sexual misconduct, SVJC will coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership."

Per interview with the PREA Coordinator, SVJC is responsible for the conduct of administrative investigations; and, to the extent SVJC itself is not responsible for investigating allegations of sexual abuse which are criminal in nature, they have access to the Shenandoah Valley Department of Social Services (SVDSS), Child Protective Services (CPS), and Augusta County Sheriff's Office (ACSO). These entities will follow the requirements of provisions (a) through (e) of this standard to the extent possible given the facility's placement within their jurisdiction noting SVJC does not have the authority to dictate policy for these entities.

Compliance Determination:

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

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1046 300">The following evidence was used to determine compliance for standard 115.322:</p> <p data-bbox="244 331 469 358">Documents Reviewed:</p> <p data-bbox="244 389 549 416">SVJC Pre-Audit Questionnaire</p> <p data-bbox="244 448 627 474">SVJC 6.1 Prison Rape Elimination Act</p> <p data-bbox="244 506 507 533">SVJC Resident Handbook</p> <p data-bbox="244 564 738 591">SVJC PREA Sexual Abuse Incident Review Form</p> <p data-bbox="244 622 533 649">SVJC Website: www.svjc.org</p> <p data-bbox="244 680 579 707">Facility Site Review Observations</p> <p data-bbox="244 792 469 819">Interviews Conducted:</p> <p data-bbox="244 851 430 878">PREA Coordinator</p> <p data-bbox="244 909 464 936">Director of Operations</p> <p data-bbox="244 967 564 994">Medical and Mental Health Staff</p> <p data-bbox="244 1025 738 1052">Augusta County Sheriff's Office (Phone Interview)</p> <p data-bbox="244 1084 525 1111">Interviews with random staff</p> <p data-bbox="244 1142 489 1169">Interviews with residents</p> <p data-bbox="244 1200 1490 1554">SVJC policy 6.1-3.1(A) states, "the Shenandoah Valley Juvenile Center maintains a zero tolerance for resident-on-resident sexual assault, staff sexual misconduct, and sexual harassment toward offenders. Every allegation of sexual assault, misconduct, and harassment is thoroughly investigated." Review of the resident handbook highlights that residents are made aware "the SVJC will investigate all allegations of sexual misconduct" and outlines the process for such investigations providing transparency for residents. During the facility site review the auditor noted that the resident handbook and related PREA information was posted on each pod and in regular rotation on the Kidcast televisions; as such, all residents interviewed reported that SVJC takes allegations seriously and will follow through with investigations for all allegations. In keeping with policy, and as confirmed by investigative file review, SVJC ensures the appropriate administrative or criminal investigation is conducted on all reported allegations of sexual abuse and sexual harassment. The auditor conducted interviews with a variety of facility staff, and, without question, it was consistently articulated that the facility has the obligation for the safety of the resident(s) and an immediate investigation would be initiated into any allegation of sexual misconduct.</p> <p data-bbox="244 1585 1490 1778">The auditor interviewed staff who are a part of the Incident Review Team, the PREA Coordinator and the Executive Director; they articulated an understanding of the importance and priority of investigating any allegation of sexual abuse, sexual harassment, or sexual misconduct, to its logical conclusion. The auditor's review of investigative documentation is detailed in §115.321(a). There were ten allegations of sexual abuse or sexual harassment in the year proceeding the on-site visit, all ten resulted in administrative investigation; one was allegation was referred for criminal investigation to ACSO. All investigations complied with provision §115.321(a) and were completed thoroughly, efficiently, and were well documented.</p> <p data-bbox="244 1841 1490 2074">SVJC's policy 6.1-3.2(G) states, "SVJC will only conduct administrative investigations of all reported incidents of misconduct. Criminal investigations for incidents of sexual misconduct will be conducted by the Augusta County Sheriff's Office." In addition, concurrent criminal investigations may also be conducted by or in combination with the following agencies: Shenandoah Valley Department of Social Services, Department of Juvenile Justice, Augusta County Sheriff's Department, Virginia State Police, and Office of the Inspector General, Federal Bureau of Investigation and Augusta County Commonwealth Attorney's Office. The auditor contacted, and confirmed, Augusta County Sheriff's Department is, in fact, the legal authority to conduct such criminal investigations.</p> <p data-bbox="244 2105 1490 2159">SVJC's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the facility's website, www.svjc.org. The website has a page dedicated solely to the PREA initiative, which is</p>

easily identifiable, user friendly, and comprehensive in its presentation. There is notation on the website that indicates the facility's PREA Policy is available upon request.

The facility's policy 6.1, describes the responsibilities of both SVJC and the investigating entity authorized to conduct criminal investigations; per interview with the PREA Coordinator, this is namely the Augusta County Sheriff's Office. As outlined in policy 6.1, those responsibilities include: reporting requirements, maintaining resident safety, following uniform forensic evidence protocols, meeting any necessary specialized training requirements, referring substantiated allegations for prosecution, maintaining investigative records, cooperation with investigations, remaining informed of investigative progress, and imposing no standard higher than a preponderance of the evidence.

The auditor's review of investigative files indicated that each allegation is given legitimate consideration and documented accordingly on the facility's PREA Sexual Abuse Incident Review Form.

The auditor is not required to audit provision §115.322(d) or §115.322(e).

Compliance Determination:

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

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.331:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 7.6 PREA Training</p> <p>Personnel/Training Records</p> <p>SVJC PREA Training Outline</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Director of Operations</p> <p>Training Coordinator</p> <p>Human Resources Manager</p> <p>Interviews with Random Staff</p> <p>SVJC policy 7.60-3.6(A), PREA Training, states that all employees, volunteers and contractors who may have contact with residents be trained on: 1. Its zero-tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Residents' right to be free from sexual abuse and sexual harassment; 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and sexual harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and, 11. Relevant laws regarding the applicable age of consent."</p> <p>Interview with the PREA Coordinator confirmed that the facility offers a comprehensive PREA Training curriculum which is delivered by their Training Coordinator primarily by use of PREA PowerPoints developed by the MOSS Group; and provided documentation to support that all current employees received annual PREA training.</p> <p>The auditor reviewed the PowerPoints and the accompanying Instructional Outlines and found the material to be in compliance with the provision. The training PowerPoints used during PREA training were:</p> <ul style="list-style-type: none"> Unit 1: The Prison Rape Elimination Act: Overview of the Law and Your Role Unit 2: Resident's Rights to be Free from Sexual Abuse and Sexual Harassment and Staff and Residents' Rights to be Free from Retaliation for Reporting Unit 3: Part I: Prevention and Detection of Sexual Abuse and Sexual Harassment Unit 3: Part II: Response and Reporting of Sexual Abuse and Sexual Harassment Unit 4: Professional Boundaries

- Child Maltreatment and Working with Special Populations
- PREA Refresher Training (Developed by the Training Coordinator)

Interviews with a random sample of staff indicated that the facility ensures a comprehensive PREA training curriculum. 100% of the random staff interviewed reported that they had received comprehensive PREA training and that they do so annually. Staff reported that their annual training requirements included a minimum of four hours of PREA specific content along with additional hours of training in mandatory reporting, boundaries and professional relationships, resident rights, admission screening, trauma training, policy and scenario training, and training regarding working with LGBTQ residents. Training includes facilitator presentations, discussions, individual and group activities. Documentation of training is stored in each employee's training record and were identified in each of the staff files selected for document review. There is also specialized training required for investigative staff, medical staff, and mental health staff and are offered through the National Institute of Corrections online program. Additional training records for these specialized categories were also reviewed by the auditor and verified complete.

SVJC PREA training is delivered through PowerPoints developed by the MOSS Group which, in keeping with SVJC policy 7.60-3.6(G), are tailored to the unique needs and attributes of residents of juvenile facilities. Additionally, SVJC houses both male and female residents so training addresses both genders. During interviews, a random sample of staff were able to articulate a more than satisfactory understanding of PREA, the importance of the Act, and their role in ensuring sexual safety in a confinement facility. Again, staff indicated PREA training is conducted annually, and periodic refresher training is conducted several times per year as well; this was confirmed by the auditor through review of staff files and in the interview with the facility Training Coordinator.

Each employee at SVJC has an electronic training report which tracks training topics, hours of training, and the date training was completed. The staff that complete specialized training modules through the National Institute of Corrections (investigative staff, medical staff, and mental health staff) receive a certificate of completion at the end of each course. These certificates serve as electronic verification of training and are placed in their employee training file. These forms were confirmed in each of the specialized staff files reviewed.

Compliance Determination:

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

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.332:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 7.6 PREA Training</p> <p>Personnel/Training Records</p> <p>SVJC PREA Training Outline</p> <p>Volunteer/Contractor Orientation Acknowledgement Form</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Director of Operations</p> <p>Training Coordinator</p> <p>Interviews with Contractors</p> <p>SVJC ensures that all volunteers, interns, and contractors who have contact with residents have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response at the facility; this training is noted in SVJC's policies and procedures 7.60, PREA Training (reviewed in §115.331). Per the pre-audit report completed by SVJC, the facility had zero volunteers and three contractors, at the time of the PAQ completion, who have contact with residents and received the above-mentioned training. Due to covid protocols, volunteer positions were not utilized in 2021. The auditor interviewed each of the contractors and they indicated that they understood their role in preventing, detecting, and responding to sexual abuse and sexual harassment at SVJC and in accordance with their professional requirements.</p> <p>Furthermore, the contractors confirmed their understanding of the facility's zero-tolerance policy and how to report incidents, as well as, receipt of handbook SOP 6.2, Sexual Misconduct and Harassment for Staff, through signature on their orientation form. Volunteer and contractor training are also tracked electronically, similar to employee training, monitoring the topics for training, hours of training, and date offered.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.333:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 General Information Introduction (PREA)</p> <p>SVJC Policy 2.6 Resident Information</p> <p>Language Line –Translation Services</p> <p>SVJC Resident Orientation Handbook (English/Spanish)</p> <p>Brochure “What You Need to Know About Sexual Abuse and Harassment” (English/Spanish)</p> <p>PREA Youth Education Video (English/Spanish)</p> <p>Pod Posting Free Telephone Assistance Contacts (English/Spanish)</p> <p>PREA Posters (English/Spanish)</p> <p>Electronic Bulletin (Kidcast)</p> <p>Resident File Review</p> <p>SVJC Facility Site Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Case Managers/Clinicians</p> <p>Interviews with Random Residents</p> <p>SVJC's policy 6.1-3.5, Resident Orientation and Education, outlines the education residents receive specifically pertaining to the PREA. During the intake process, residents receive information regarding sexual abuse and sexual harassment: prevention, self-protection, reporting methods and resources, protection from retaliation, treatment and counseling, the facility's zero tolerance policy for sexual assault, and how to access tools necessary to make a written report. SVJC policy 2.6-3.6, Resident Information, indicates that during the Intake process, staff shall inform residents in an age-appropriate fashion of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The policy also states that SVJC will provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills (reference §115.316). Per the PAQ, there were 200 residents admitted in the past twelve months who were given this information at intake. Full intakes are completed on every resident entering the facility regardless of program placement or transferring facility (secure, State, or ORR). 100% of the resident file reviews confirmed receipt of PREA related information at intake. As discussed previously, random staff interviews supported the issuance of this information to all residents at the time of intake; materials are age appropriate in that they are written in plain language, staff also reviews information verbally with residents to ensure understanding of the presented materials. During resident interviews, each was able to identify one or more reporting methods for claims of sexual abuse and sexual harassment; residents noted these methods to include making a phone call to the PREA hotline on the resident phones, filing a grievance, and/or speaking with a trusted staff.</p> <p>According to the PREA Coordinator, all residents receive a comprehensive PREA orientation during their intake process. During the intake process, the tenants of PREA are reviewed and within a few days of admission (always less than ten days per review of resident records), a similar discussion is conducted by the resident's assigned case manager and/or clinician. Each resident is then reoriented to the concepts of PREA at the 30-day mark and then six months from the date of their admission if they remain detained for that length of time. Each of those reviews are documented and signed by the resident. A review of documentation contained in resident files show dates and indicate the resident's participation in the PREA</p>

education sessions was utilized to confirm the PREA education sessions occur. There were 200 residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake.

Specifically, during the intake process, the Intake Supervisor 1) conducts an orientation and review of the PREA standards. The orientation is interactive in that, in addition to the presentation of the material, the Intake Supervisor queries the resident verbally, for understanding of the material presented. Once the orientation is completed, an orientation checklist is printed and signed by both the Intake Supervisor and the resident; 2) The Intake Supervisor completes a Safety Plan that lists the staff who works in the facility from which a resident can seek out and ask for help (signed by resident and the Intake Supervisor); 3) residents are provided a printed copy of the Resident Handbook that discusses sexual abuse and sexual harassment (English/Spanish) and the residents are provided with a brochure entitled, What You Need to Know about Sexual Abuse and Harassment (English or Spanish); and finally, 4) the resident is provided an I-Pad, on which they watch an age appropriate PREA Youth Educational video that highlights the importance of the following key topics: • Zero Tolerance for sexual abuse/sexual harassment • The definition of sexual abuse and how to recognize it • How to report sexual abuse; and • Services provided to youth who have been sexually abused.

The auditor observed PREA posters (in Spanish and English) located in the intake unit, the activity room, classrooms, in the visitation area and on the resident housing pods. During interviews with the auditor, the residents were able to articulate SVJC's Zero Tolerance policy and their right to be free from sexual abuse, sexual harassment, and punishment or retaliation for making a complaint of sexual abuse/harassment for themselves or on behalf of other residents. The residents freely and confidently revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member, their case worker/clinician, telling a family member who may report the allegation for them, accessing the hotline (by phone and list of numbers on their living unit), or through the completion of a grievance form. According to the PREA Coordinator, SVJC rarely has admissions who may be hearing impaired or deaf, may have pronounced intellectual, psychiatric, or speech disabilities, or blindness, however, when such occasions occur, the remanding agency is expected to provide services that will accommodate the residents' ability to be provided PREA education based on the individual need of the resident if it exceeds the various formats that are already available. Limited English proficient residents are guided through the intake process and PREA orientation sessions by bi-lingual staff and their bi-lingual case workers/clinicians.

The auditor's facility site review confirmed that age appropriate PREA information is posted in various areas of the facility in English and in Spanish. This information is clearly accessible to residents, staff, contractors, volunteers, and visitors. In addition to printed posters and informational handouts, SVJC utilizes an electronic bulletin board in each housing unit, classroom, and activity room to display rotating informational screens including: PREA information, the Zero Tolerance policy, and the resident handbook, "What you need to know about sexual abuse and harassment." This e-bulletin also lists the numbers a resident can call to report sexual abuse/harassment.

Compliance Determination:

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.334:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>SVJC Policy 7.60 Training</p> <p>Review of Employee Training Files</p> <p>Review of Administrative Investigations</p> <p>National Institute of Corrections Website: https://nicic.gov</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Specialized Staff (Incident Review Team)</p> <p>In addition to the general training provided to all employees in §115.331, SVJC policy 7.60-3.6(B) requires that their (administrative) investigators are trained in conducting sexual abuse investigations in confinement settings. The SVJC investigative team is comprised of facility administrators, which includes the Executive Director, PREA Coordinator/Deputy Director of Programs, the Deputy Director of Operations, and the Security Manager. The Security Manager position was vacant at the time of the onsite review. Interviews with the investigative team members informed the auditor that this additional training is completed online through the National Institute of Corrections. The PREA Coordinator noted that SVJC only conducts administrative investigations into allegations of sexual abuse and/or sexual harassment; and, reiterated that any allegations that may rise to a criminal complaint per PREA Standard 115.321 and 115.322, are referred to Augusta County Sheriff's Department for investigation.</p> <p>During the interviews with the SVJC investigators they affirmed that they had received specialized training and were able to describe their training, which included how to respond to allegations of sexual abuse and sexual harassment, methods/techniques for speaking with victims, protocol for evidence collection, and the criteria and evidence required to substantiate a case for administrative action or referral for criminal investigation/prosecution referral. SVJC investigators pointed out that the Augusta County Sheriff's Office (ACSO) is responsible for investigations of a criminal nature, that SVJC staff to not have the authority to Mirandize (however, they are familiar with Miranda and Garrity rights) and that evidence collection would be handled by ACSO (SVJC's responsibility would be to secure the scene and preserve evidence until the time of collection by the appropriate authorities).</p> <p>File review allowed for verification of the specialized investigative training received by the members that comprise the Incident Review Team. The Incident Review Team is charged with conducting an administrative investigation into all allegations of sexual abuse/harassment. Each member of the Incident Review Team received the following training, which was documented by a Certificate of Completion, issued by the National Institute of Corrections.</p> <ul style="list-style-type: none"> • PREA: Investigating Sexual Abuse in a Confinement Setting • PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting • PREA: Your Role Responding to Sexual Abuse • Medical Health Care for Sexual Assault Victims in a Confinement Setting

Although the auditor was not able to specifically verify the elements of the NIC training courses taken by the Incident Review Team, the National Institute of Corrections (NIC) is an agency within the U.S. Department of Justice. The National Institute of Corrections' website states, "The Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79) was enacted by Congress to address the problem of sexual abuse of persons in the custody of U.S. correctional agencies...The National Institute of Corrections has been a leader in this topic area since 2004, providing assistance to many agencies through information and training resources."

NIC is fully recognized for training, technical assistance, information services, and policy/program development assistance to federal, state, and local corrections agencies. In addition, NIC supports PREA through its PREA Learning Center, which offers numerous PREA related e-learning courses. In interviews/discussions with the members of the Incident Review Team and a review of the administrative investigations conducted during the last twelve (12) months, the auditor was satisfied with the level of knowledge and competence of the team to conduct a satisfactory administrative investigation.

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

Compliance Determination:

SVJC has included the entirety of their administration on their investigative review team. Each of these individuals have completed training annually in multiple facets of PREA investigations and PREA related services. Members of the investigative team were able to discuss the PREA policies and practices within the facility with certainty and authority.

Training records indicate that they are cross trained in all areas of PREA that pertain to anyone within the facility and are well versed in the expectations and requirements of their duties. Investigative file review suggested that the SVJC team gives serious consideration to all allegations and utilizes their training to prevent, detect, and respond accordingly to sexual abuse and sexual harassment within the facility.

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

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.335:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>SVJC Policy 7.60 Training</p> <p>Review of Employee Training Files</p> <p>Review of Administrative Investigations</p> <p>National Institute of Corrections Website: https://nicic.gov</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Specialized Staff (Medical and Mental Health)</p> <p>SVJC policy 7.60-3.6(C), states: "All full and part-time medical and mental health care practitioners who work regularly will be trained" regarding the requirements as defined by PREA standard §115.335(a). The auditor was able to verify through interviews and file review that the facility's nurses and mental health clinicians had received the basic PREA training and completed specialized training through NIC. Both a nurse and a mental health clinician answered affirmatively to questions about training topics including: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>SVJC provided documentation of the specialized training received by each of the facility's medical and mental health professionals, to include:</p> <ul style="list-style-type: none"> • PREA: Investigating Sexual Abuse in a Confinement Setting • PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting • PREA: Your Role Responding to Sexual Abuse • Medical Health Care for Sexual Assault Victims in a Confinement Setting <p>SVJC's medical and mental health staff receive the training mandated for employees under § 115.331, which includes training on the facility's zero tolerance policy, how to report such incidents, and sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Again, the nurse and the mental health clinician confirmed that they have had the PREA basic training and the additional specialized NIC training modules specific to medical and mental health care and that the facility maintains documentation of this training.</p> <p>None of the administrative Investigations conducted during the past twelve (12) months required participation from the medical staff. All of the investigations documented the participation of the mental health clinician who addressed accountability, provided services, and/or completed follow-up contact with the necessary parties.</p>

The SVJC nurse, mental health clinician, and the PREA Coordinator all attested that the SVJC medical staff does not conduct forensic examinations, rather they utilize Sexual Abuse Forensic Examiners (SAFE) or Sexual Abuse Nurse Examiners (SANE) at Augusta Health for any necessary forensic examinations, as referenced in 115.321(c).

Compliance Determination:

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

115.341	Obtaining information from residents
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 847 300">115.341 – OBTAINING INFORMATION FROM RESIDENTS</p> <p data-bbox="244 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="244 389 470 416">Documents Reviewed:</p> <p data-bbox="244 443 549 470">SVJC Pre-Audit Questionnaire</p> <p data-bbox="244 501 732 528">SVJC Policy 2.4 - Classification and Assessment</p> <p data-bbox="244 560 813 586">SVJC 2.4.2 Vulnerability Assessment (Juvenile Females)</p> <p data-bbox="244 618 786 645">SVJC 2.4.1 Vulnerability Assessment (Juvenile Males)</p> <p data-bbox="244 676 724 703">SVJC Medical Services Orientation Assessment</p> <p data-bbox="244 734 762 761">SVJC Mental Health Interview Protocol Assessment</p> <p data-bbox="244 792 647 819">Observations during Facility Site Review</p> <p data-bbox="244 851 456 878">Resident File Review</p> <p data-bbox="244 963 467 990">Interviews Conducted:</p> <p data-bbox="244 1021 429 1048">PREA Coordinator</p> <p data-bbox="244 1079 427 1106">Executive Director</p> <p data-bbox="244 1137 810 1164">Interviews with Specialized Staff (Intake, MH, Screening)</p> <p data-bbox="244 1196 590 1223">Interviews with Random Residents</p> <p data-bbox="244 1308 1485 1805">Section 3.3 of the SVJC SOP 2.4, Classification and Assessment, requires that "Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident." Per records review, there were 200 resident intakes at SVJC in the 12 months preceding the onsite portion of the audit who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. Five comprehensive resident intake files were reviewed; each contained a resident face sheet, intake communication form, parent notification form and the assessments completed at intake including an orientation checklist, medical services overview, nursing admission assessment form, mental health interview protocol, and the vulnerability assessment. All forms were appropriately completed with dates and signatures. The completion of these assessments occurs each time a resident is admitted into the facility regardless of the number of times such admissions take place. During interviews with ten residents, all residents affirmed that they recall being asked questions during their intake regarding any history of sexual abuse, their gender identity, any disabilities, and their perception of their own vulnerability. When it came to reassessments, their recollection was not as clear; only half of the residents remembered being asked those types of questions again. Those residents that did recall the follow-up assessments indicated that they happened at various intervals and with various facility personnel; some met with supervisors while others, their case manager/mental health clinician.</p> <p data-bbox="244 1836 1485 2096">During the audit entrance meeting, the Superintendent and PREA Coordinator specified that supervisors and mental health staff conduct screenings/assessments. The auditor interviewed two shift supervisors who are responsible for conducting screenings for victimization or abusiveness; they indicated that SVJC uses a number of questionnaires and assessments to obtain information about the resident and inform decisions about placement and programming while detained. After ensuring safety and security concerns are addressed, the Intake Supervisor completes an initial screening process with the resident that consists of objective screening instruments: a gender-specific Vulnerability Assessment, a MAYSI-2 Questionnaire, a Medical Services Orientation Assessment, and a Mental Health Interview Protocol Assessment. Residents also watch a PREA video (available in English or Spanish).</p> <p data-bbox="244 2128 1436 2154">The auditor's interview with one of the supervisors revealed his awareness of SVJC's policy on reassessing a resident's</p>

placement and indicated that "per policy" re-assessments were conducted 30 days after the intake, again at six (6) months, and every six months thereafter; he also added, that residents can be reassessed if ever there is cause for concern about the residents placement in a particular pod or due to movement for program placement. The auditor observed a tracking board in the in the supervisor's office which indicates the location of all residents classified as vulnerable within the building. The auditor confirmed that residents are officially reassessed in accordance with SVJC's SOP 2.4-4.1 A, Vulnerable Populations, at "30-days, 180-days, and annually," however, in speaking with a case manager it was made clear that residents are constantly being reassessed for their safety, not only in terms of their sexual safety but for their physical/mental health as well, to address programmatic changes and/or housing unit compatibility.

The auditor reviewed five random resident files and noted that each of the files contained the resident's initial assessment, completed within the first 24 hours of admission. All files for residents who had been housed in the facility more than 30 days, contained documentation which supported a resident reassessment had been conducted in accordance with the provision of this Standard and SVJC policy. The vulnerability assessments were completed in their entirety, signed, and dated accordingly by the resident and the staff conducting the (re)assessment. In addition, the auditor noted that on the front cover of each resident file, there was a dated stamp box that would give staff a visual reminder of the date of the resident's next assessment.

As noted above, SVJC utilizes an objective screening instrument to complete vulnerability assessments. The SVJC Vulnerability Assessments are gender specific. The form consists of three sections, each with several checkbox items designed to calculate a score indicative of a resident's potential for sexual victimization or predation. In conjunction with the Vulnerability Assessment, all new intakes also complete the MAYSI-2. The Massachusetts Youth Screening Instrument (MAYSI-2) is a 52-question screening instrument designed to identify potential mental health needs of adolescents involved in the juvenile justice system. It contains yes/no questions for the youth to indicate their having experienced various thoughts, feelings, or behaviors in the past few months. Answers provide scores on seven scales, including: Alcohol/Drug Use, Angry Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences. Scoring on these two assessments assist SVJC in determining resident safety, service needs, and placement while detained.

Provision §115.341(c) requires that SVJC shall attempt to ascertain information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain other residents. At a minimum, required intake information should identify: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information. The Vulnerability Assessment addresses each of these requirements on its own (it lists date of birth rather than "age," but captures the necessary info to calculate age). This information is also supported/verified through the numerous questionnaires and assessment tools completed by SVJC with each resident at the time of their intake. These tools include, but are not limited to: the Vulnerability Assessment, the MASJI-2, a Medical Services Orientation Assessment (which reviews medical history and current health), and a Mental Health Interview Protocol Assessment (which assesses prior services, diagnoses, interventions, etc.). As previously noted, the MAYSI-2 is an instrument used to screen for risk of self-harming behavior, risk of victimization, and any emotional or mental issues which can contribute to an increased risk of victimization. Additionally, the medical services and orientation checklists are reviewed with the resident and staff input information into the juvenile tracking system which is used to compose a "Face Sheet" for each resident. Intake staff alerted the auditor that for residents housed federally, the Office of Refugee Resettlement has an initial intake form to complete as well.

To gather the necessary information referenced in 115.341 (c), SVJC intake staff utilize multiple resources. One of the supervisors indicated to the auditor that most of the intake information gathering is based on resident self-report, however, paperwork submitted by the referring agency, information contained in the juvenile tracking system, or that gleaned from past admissions are also utilized to ensure an accurate resident assessment.

SVJC does ensure that sensitive information is not exploited to resident's detriment by staff or other residents by securely filing all assessment documentation in the resident files, which are kept securely and are not accessible, absent cause.

During the auditor's review of the resident files, security protocols were discussed with the PREA Coordinator regarding the timely retrieval, access, and return of all files to the proper location. The PREA Coordinator reported that resident files are stored in a secure cabinet in the shift supervisor's office and program files are in secure cabinets in case manager offices while residents are detained. Upon release, all resident files are in a secure locked cabinet in SVJC's storage area. Employee records are kept in a secure cabinet in the Finance & Human Resource Manager's office. All reports of sexual misconduct are stored securely in the PREA Coordinator's office (reference §115.389(a)). In response to the auditor's inquiry about who in the facility has access to a resident's risk assessment, the PREA Coordinator and the two supervisors responsible for risk screenings indicated that Shift Supervisors, MH Clinicians/Case Managers, and facility administration had access.

Compliance Determination:

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 2.4 - Classification and Assessment</p> <p>SVJC 2.4.2 Vulnerability Assessment (Juvenile Females)</p> <p>SVJC 2.4.1 Vulnerability Assessment (Juvenile Males)</p> <p>Resident Roster for February 7, 2022</p> <p>Observations during Facility Site Review</p> <p>Resident File Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Interviews with Specialized Staff (Screening, Supervise Isolation, Medical, and MH)</p> <p>Interviews with Targeted Residents</p> <p>SVJC indicated in their response to the PAQ that the facility uses the information from the vulnerability assessment as required by standard 115.341 to inform housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. A review of the Vulnerability Assessment form (male and female) indicates that there are three categories to score for vulnerability: a primary likelihood checklist, an additional Potential victim checklist, and an additional potential predator checklist; if the score is greater than ten (>10) when adding the primary score to either the victim and/or predator checklist then the form indicates that a flag is necessary in JCS (Alert Screen). The resident roster was reviewed and there were several residents placed on "intensive watch" for other security/medical reasons indicating that assessment outcomes and observations due inform practice. One of the specialized staffs who conducts risk screenings indicated that intake assessments are reviewed by supervisors and used to inform housing determinations and the level of supervision instituted (i.e., need for "intensive watch"). The PREA Coordinator indicated that information from the risk screenings allow for classification and housing placements, with an emphasis on separating potential victims from potential abusers, to inform programming, and it also allows for greater visibility/awareness for staff. SVJC Policy 2.4, Classification and Assessment, states that "Residents receiving a score of "10" or higher will be entered into the JCS Alerts Screen as a "Potential Victim" and the letter "V" will be written on the name tag posted on the supervisor's roster board (this is not accessible to residents). In addition, resident will be identified with the letter "V" on the pod rosters." Likewise, the policy goes on to indicate the same procedure using a "PP" for "Potential Predator" as identified, which requires the same JCS alert, name tag posting on the supervisor's roster board, and pod roster notifications. Furthermore, screening staff indicated that potential victims and potential abusers would not be placed on the same pod; if ever capacity necessitated that they be housed on the same pod, there were safeguards in place to include increased staff presence and implementation of additional unit rules to ensure safety.</p> <p>An interview with the Superintendent revealed that SVJC does not use "isolation" in the traditional sense of the word, he indicated that there was space, staffing, and programming available for all residents and that arrangements could be made to keep them separated without the use of isolation; nonetheless, policy is in place should the safety of a resident require it. The policy to which he was referring, SVJC policy 2.4, Classification and Assessment, states, "Secure 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. Secure residents who are</p>

segregated due to being a victim of sexual abuse shall be subject to PREA requirements § 115.342 as outlined in this policy...During any period of isolation, SVJC will not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Secure residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible." Two staff who would supervise residents in isolation were interviewed by the auditor; they too indicated that isolation would be a last resort, but still an option, to ensure the sexual safety of a resident. They indicated an awareness that regardless of a resident's isolation they are still required to have access to programs, privileges, education, and work opportunities. During an interview with the nurse, she shared that she would check in daily with residents in isolation and more frequently if medical intervention or treatment necessitated. Mental health staff indicated that the clinician and/or case managers are responsible for daily check-ins with residents in isolation as well to assess for safety and provision of counseling services. These check-ins would be documented in the resident's case notes and included in the investigative case files. Responses in the PAQ indicate that zero residents at risk of sexual victimization were placed in isolation to protect them from sexual victimization in the past 12 months, accordingly, none were denied daily access to large muscle exercise, and/or legally required education or special education services.

SVJC Policy dictates, "lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive." There were no residents that identified as LGBTQ+ during the onsite for participation in the interview process. The PREA Coordinator verified compliance with this provision as well noting that housing assignments are based on observations and calculations from a range of assessments at intake (and intermittently throughout their detainment) not simply, the resident's gender identity or orientation. A review of the Vulnerability Assessment demonstrates that LGBTI status is only one of nineteen factors considered in determining not only housing assignments but also vulnerability overall.

There were no transgender or intersex residents at the facility on the day of the audit, however, the PREA Coordinator affirmed, in keeping with policy 2.4, that SVJC makes housing and program assignments for transgender or intersex residents on a case-by-case basis in an effort to ensure the residents' health and safety and determine whether the placement would present management or security problems. The PREA Coordinator and staff responsible for intakes affirmed that SVJC does not have special housing pods for LGBTI residents; residents that identify as transgender or intersex would be asked where they would feel most comfortable/safest.

The PREA Coordinator indicated that the facility has not had any transgender or intersex residents in the twelve months prior to the audit. He suggested that should either be admitted in the future, policy (SVJC policy 2.4) dictates that, their housing and programming assignments will be reassessed at least twice a year to review any threats to safety experienced by the resident; more frequently as necessary. This sentiment was echoed by screening staff as well. Currently, this reassessment would be a subsequent completion of the vulnerability assessment reviewed in conjunction with case management notes in the resident's file.

SVJC policy 2.4 requires that the facility give serious consideration to a transgender or intersex resident's own view with respect to his or her own safety. As noted in 115.342(d), the PREA Coordinator confirmed this practice during his interview with the auditor, as did screening staff that complete intakes. Document review indicates that the current vulnerability assessment inquiries about all residents' fear for their own safety. There were no transgender or intersex residents to interview onsite nor was there any documentation to review regarding this practice as there had been no transgender or intersex residents admitted to the facility in the past 12 months.

During the facility site review the auditor was made aware through conversation with random staff, residents, and through personal observation of the space, that all resident showers are conducted individually and with privacy, including those of transgender and intersex residents. This practice is further supported by SVJC policy 2.4, which states, "transgender and intersex residents shall be given the opportunity to shower separately from other residents."

The PAQ reports that there were zero residents held in isolation, due to being at risk of sexual victimization, in the twelve months prior to the on-site portion of the audit (therefore there were no case files to review). However, there is policy in place, Policy 2.4, which requires that if a resident is placed in isolation pursuant to provision (b) of this standard, the facility

shall clearly document: 1) the basis for the facility's concern for the resident's safety; and 2) the reason why no alternative means of separation can be arranged.

SVJC policy 2.4 exceeds the 30-day requirement of this provision by stipulating weekly (every 7 days) contact with residents in isolation (as a last resort when less restrictive measures are inadequate to keep them and other residents safe) for review and determination as to whether there is a continuing need for separation from the general population. No staff had completed this review/determination as there had been no residents placed in isolation during the twelve months preceding the audit. If this review were to occur, it would be documented accordingly in the resident's case file.

Compliance Determination:

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.351:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 3.14 Telephone Calls</p> <p>SVJC Policy 3.16 Grievance</p> <p>SVJC Policy 2.2.10 Resident Orientation Handbook (English)</p> <p>SVJC Policy 2.2.11 Resident Orientation Handbook (Spanish)</p> <p>SVJC Policy 6.1.1 Pod Posting Free Telephone (English/Spanish)</p> <p>SVJC Policy 6.10 Employee Poster</p> <p>Observations during Facility Site Review</p> <p>Resident File Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Random Staff</p> <p>Interviews with Random Residents</p> <p>SVJC has established procedures allowing for multiple internal ways for residents to report privately to facility officials about: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Per the resident handbook, written in both English and Spanish, SVJC accepts reports concerning the above matters verbally, in writing, anonymously, and via a grievance. Residents are encouraged to tell a staff member, use the pod phone to complete a toll-free call for reporting purposes, or send a letter to one of the multiple agencies/organizations listed in the handbook. Residents are also informed that they may have assistance in making such a report from another resident, staff, a family member, or legal representative. The handbook is readily accessible throughout the facility, as the auditor observed during the facility site review, the handbook is issued at intake, posted on each housing pod, and in regular rotation on the Kidcast television on each pod.</p> <p>During random resident interviews, 10 residents were able to name at least one reporting method, to include: telling a supervisor, talking to a trusted staff, filling out a grievance form. All random staff interviewed reported the same methods adding, reporting directly to administration or a mental health clinician/case manager. All parties reported that this information was shared with residents at intake, some residents acknowledged the handbook being posted on their pod, others pointed out the list of phone numbers posted by the pod phone.</p> <p>SVJC policy 3.14-3.0(F-G) indicates, “residents are permitted to contact victim advocates and rape crisis organizations free of charges and monitoring on the silver resident telephones...Residents are permitted to anonymously report accusations of sexual abuse and sexual harassment.” As noted above, during the facility site review, the auditor identified multiple locations throughout the facility where information was posted which outlined all methods for reporting, including ways for residents to report abuse or harassment to a public or private entity or office that is not part of SVJC and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. In addition to the in-house reporting methods (telling staff, completing a grievance form,</p>

informing administration) residents can also report through third parties such as family members, attorneys, or hotline numbers which include: the Virginia Department of Juvenile Justice, Valley Children's Advocacy Center, CPS, and the Child Abuse and Neglect Hotline. The contact information for a direct report to SVJC's administration is also listed. These contacts are also available on the pod observed next to each pod phone. SVJC also houses residents detained solely for civil immigration purposes through the Office of Refugee Resettlement; accordingly, additional reporting methods are available to include ORR/DUCO Legal Service Provider at CAIR Coalition, ORR/DUCO Child Advocates at The Young Center for Immigrant Children's Rights, the ORR/DUCO Hotline, and multiple consulates in Washington D.C. The PREA postings throughout the facility contain contact information for the UC Sexual Abuse Hotline, SVJC, Augusta County CPS, VCAC, and in an emergency 911 may be dialed from any phone. This information was also observed to be in regular rotation on the Kidcast televisions on each housing pod, classroom, and in the lobby.

During each of the ten resident interviews, all were able to name at least one reporting method to an outside entity, to include: calling the hotline, telling their probation officer or attorney, and/or share with a family member who can report on their behalf. All random staff interviewed reported the same methods, adding, informing DJJ, calling CPS, or VCAC. The PREA Coordinator shared that the facility's phone system (Encartele) sends all telephonic PREA reports immediately to his email and the Executive Director's email.

All ten residents shared their awareness of being able to make reports verbally, in writing, and through third parties; three residents indicated they were unaware of their ability to report anonymously. The PREA Coordinator and 100% of the staff interviewed confirmed that these reporting methods were all acceptable and that they would document receipt of all reports, immediately. This practice is supported by SVJC policy 3.16, which dictates, "SVJC will accept Sexual Abuse/Misconduct reports verbally, in writing, anonymously, and via a grievance...Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents."

In relation to a youth reporting child abuse, neglect, sexual abuse, sexual harassment or retaliation, SVJC makes available a grievance form for written reports. Residents shared with the auditor that, upon request, staff would provide a grievance form and writing instruments to complete a written report and that they also had access to the phone system; none of the current residents had filed a grievance related to sexual misconduct. Document review reflected that each of the grievances documented appropriate administrative review/response; even those that did not constitute a grievable issue or held no merit. Those containing allegations of sexual harassment were addressed accordingly, through increased supervision, conversation with a case manager, and/or resident education consisting of the importance of reporting, consequences of inappropriate sexual behaviors or comments, and identifying appropriate and healthy boundaries. All residents who filed grievances indicated their agreement with the administrative review and considered the matter resolved. Staff also indicated that residents have access to multiple staff daily, including medical and mental health staff, should they want to make a verbal report.

SVJC's 6.10 Employee Poster entitled, "A guide for Employees to Report Child Abuse" was noted in the staff hallway during the facility site review. The posting reminds staff of their mandated reporter status, shares how to report, and outlines what happens after a report is made. Regarding reporting child abuse or neglect, sexual abuse, sexual harassment, and retaliation, "SVJC employees can make the report directly to the local department of social services, the Child Abuse and Neglect Hotline or the Facility Administrators. The Code of Virginia does permit employees to notify the Executive Director, or designee, of the suspected child abuse or neglect who shall make the report forthwith."

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

Compliance Determination:

Based on the auditor's review and analysis of SVJC policy, documentation, resident and staff interviews, and the

observations notes above, the auditor has determined that the facility is in compliance with this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.352:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 3.16 Grievance</p> <p>SVJC Policy 2.2.10 Resident Orientation Handbook (English)</p> <p>SVJC Policy 2.2.11 Resident Orientation Handbook (Spanish)</p> <p>Review of SVJC Website: www.svjc.org</p> <p>SVJC has an administrative procedure for dealing with resident grievances regarding sexual abuse which is outlined in policy 3.16-3.2, Sexual Abuse/Misconduct Grievances. The overall grievance procedure will provide for: 1) Resident participation in the grievance process with assistance from staff upon request; 2) Investigation of the grievance by an objective employee who is not the subject of the grievance; 3) Documented, timely responses to all grievances with the reasons for the decision; 4) At least one level of appeal; 5) Administrative review of grievances; 6) Protection from retaliation or threat of retaliation for filing a grievance; and 7) Hearing of an emergency grievance within eight hours.</p> <p>The resident handbook informs residents that all grievances are reviewed by an objective member of SVJC staff and by an SVJC administrator. Furthermore, the handbook suggests that a grievance about sexual abuse/misconduct can be submitted at any time and is considered an emergency grievance. These grievances are taken seriously and fully investigated.</p> <p>Per policy 3.16-3.2(A), "SVJC will not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse." The policy also indicates that residents are not required to use an informal process for resolving grievances alleging sexual abuse, or otherwise attempt to resolve with staff any allegations pertaining to sexual abuse. The resident handbook includes an overview of resident rights and prohibited actions, the types and definitions of sexual abuse/harassment and retaliation, the facility's zero tolerance policy, instructions for reporting, the grievance procedure, a summary of the investigation process, available victim services offered, and a guide to preventing sexual misconduct.</p> <p>Per policy 3.16-3.2(B), "SVJC will ensure that: 1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and 2) such grievance is not referred to a staff member who is the subject of the complaint." The resident handbook includes information about the grievance process, highlighting that it is a resident's right to do so and that grievances related to sexual misconduct can be submitted without involving a staff member that is the subject of the complaint.</p> <p>SVJC policy 3.16-3.2(C-G) requires that: 1) SVJC will issue a final agency decision on the merits of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance; 2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal; 3) SVJC may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. SVJC shall notify the resident in writing of any such extension and provide a date by which a decision will be made; and, 4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p>There were no grievances alleging sexual abuse reported during the twelve months preceding the on-site audit. No current residents had reported sexual assault.</p>

SVJC policy 3.16-3.2(H) requires that 1) third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. 2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, SVJC will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and will require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. 3) If the resident declines to have the request processed on his or her behalf, SVJC will document the residents' decision. 4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

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

Per SVJC policy 3.16-3.2(I), and as echoed in the resident handbook, SVJC will accept emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, SVJC staff will 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final decision will document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PREA Coordinator reported that there have been no emergency grievances alleging risk of imminent sexual abuse during the twelve months preceding the on-site audit.

SVJC policy 3.16-3.2(J) suggests that any resident who files a grievance, related to alleged sexual abuse, in bad faith (intentionally fabricated allegation) is subject to discipline. This sentiment is also made clear to residents in the resident handbook. The facility PAQ responses indicate that there have been no grievances alleging sexual abuse that resulted in disciplinary action by the agency against a resident for having filed a grievance in bad faith.

Compliance Determination:

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.353:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 3.14 Telephone Calls</p> <p>SVJC Policy 3.9 Visitation</p> <p>SVJC Policy 3.12 Resident Mail</p> <p>SVJC Policy 2.2.10 Resident Orientation Handbook (English)</p> <p>SVJC Policy 2.2.11 Resident Orientation Handbook (Spanish)</p> <p>SVJC Policy 6.1.1 Pod Posting Free Telephone (English/Spanish)</p> <p>SVJC and Valley Children's Advocacy Center MOU (2021)</p> <p>SVJC Parent Informational Letters (Local, Re-Entry, CPP) (English/Spanish)</p> <p>Observations during Facility Site Review</p> <p>Resident File Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Case Managers/Clinicians</p> <p>Interviews with Random Staff</p> <p>Interviews with Random Residents</p>
	<p>The PREA Coordinator and Superintendent verbalized during on-site interviews that SVJC provides residents with access to outside victim advocates, The Valley Children's Advocacy Center (VCAC), for ongoing emotional support services for residents of sexual abuse. The auditor verified the current MOU between SVJC and VCAC; in which, VCAC agrees to offer 24-hour support services to SVJC residents upon request, connection to information and resources, advocacy, and confidentiality throughout their detainment and following release. 80% of the residents interviewed noted that they were aware of available outside support services and, while some could not name any agencies specifically, they knew where to find contact information. During interviews, the residents indicated their awareness that certain calls are recorded but acknowledged that calls related to sexual abuse reporting/services have a separate pin which makes those calls free and confidential. All residents confirmed that the phone system provided free access to a rape crisis/reporting line and advocacy services.</p> <p>During the facility site review, posters and contact information (in English and Spanish) for outside support services were readily identifiable next to phones on each unit, in the classrooms, and in the intake area. These postings included directions and prompts for phone calls as well as mailing addresses for reporting abuse and neglect, victim advocacy providers (for local and federal residents), Office of Refugee Resettlement (ORR) legal service providers, Court Service Units, Public Defenders, DSS, CSB, Human Rights Advocates, and various national hotlines. In reviewing policies, SVJC SOP 3.9 Visitation indicates that visitation times for non-professional visitors (up to 4 family members) occurs on Sunday and Wednesday from 7 to 8 p.m. weekly; furthermore, "residents shall have uncensored, confidential contact with their legal representative in writing, as required by 6VAC35-101-660 (residents' mail), by telephone, or in person." The auditor visually inspected the areas designated to phone use, visitation, and PO/Attorney visits; they provide adequate privacy while still allowing for visual monitoring by facility staff for security purposes. During interviews the residents confirmed that they felt as though they had reasonable and private access to their parents/legal guardians and professional visitors; they also</p>

acknowledged their ability to access these individuals in person, via phone, and/or in writing (note in-person visitation have been limited due in keeping with covid precautions).

Compliance Determination:

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

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.354:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Website: www.svjc.org</p> <p>SVJC 2.6.1 Parent Letter (English)</p> <p>SVJC 2.6.2 Parent Letter (Spanish)</p> <p>SVJC 2.6.3 Re-Entry Parent Letter</p> <p>SVJC 2.6.4 CPP Parent Letter</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>The PAQ and PREA Coordinator indicated SVJC has established various methods to receive third-party reports of sexual abuse and sexual harassment; these methods include in writing, verbally, telephonically, and anonymously. Furthermore, SVJC makes these reporting methods known to the public via their website and include names, addresses, and phone numbers for various entities to whom reports can be made.</p> <p>Additionally, SVJC mails a letter to the parent/guardian of each resident admission/program participant. The letters contain notification that "SVJC cannot and will not tolerate any form of sexual misconduct. The SVJC recognizes the worth of each resident and strives to treat residents humanely. The SVJC maintains a zero-tolerance policy with regards to sexual misconduct." Parents are then encouraged help maintain a safe environment by reporting any alleged abuse directly to the following individuals/agencies: SVJC, VDJJ, CPS, and/or ACSO and provides addresses and phone numbers for each.</p> <p>Compliance Determination:</p> <p>SVJC provides multiple avenues for third-party reporting. Information about how to do so is available through letters sent to parents/guardians, on the facility website, shared during intake phone calls, and posted throughout the facility. Methods for reporting are offered to residents, staff, families, visitors, and professionals in multiple capacities be it in writing, verbally, or telephonically wherein the reporter can choose to be identified or remain anonymous.</p> <p>The auditor has determined that the facility substantially exceeds the requirements of this standard and no corrective action is necessary.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 1046 300">The following evidence was used to determine compliance for standard 115.361:</p> <p data-bbox="244 329 469 358">Documents Reviewed:</p> <p data-bbox="244 387 549 416">SVJC Pre-Audit Questionnaire</p> <p data-bbox="244 445 692 474">SVJC Policy 6.1 Prison Rape Elimination Act</p> <p data-bbox="244 504 616 533">SVJC Policy 3.11 Abuse and Neglect</p> <p data-bbox="244 562 507 591">SVJC Policy 7.60 Training</p> <p data-bbox="244 620 758 649">Review of Documentation: Incident Review Reports</p> <p data-bbox="244 678 748 707">Review of Child Maltreatment Training PowerPoint</p> <p data-bbox="244 736 751 766">Review of Sexual Abuse Incident Review Checklist</p> <p data-bbox="244 846 469 875">Interviews Conducted:</p> <p data-bbox="244 904 429 934">PREA Coordinator</p> <p data-bbox="244 963 427 992">Executive Director</p> <p data-bbox="244 1021 491 1050">Random Sample of Staff</p> <p data-bbox="244 1079 564 1108">Medical and Mental Health Staff</p> <p data-bbox="244 1189 1485 1451">SVJC policy 7.60-3.2 indicates that all staff are trained on child abuse/neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect). In conjunction, policy 6.1 outlines the need for immediate reporting suggesting that SVJC requires all staff to report immediately any knowledge, suspicion, or information received regarding an incident of child abuse, neglect, sexual abuse, or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy 3.11-3.1 further requires that, "any case of suspected child abuse or neglect shall be reported and documented as required in 6VAC35-101-80 (serious incident reports). The resident's record shall contain a written reference that a report was made."</p> <p data-bbox="244 1541 1474 1666">During all staff interviews, it was made clear to the auditor that staff understand their role as mandated reporters; they each shared that they would report any knowledge, suspicion, or information related to sexual abuse, harassment, retaliation for reporting, and/or neglect immediately to the appropriate parties and document such reports accordingly. In review of the 10 PREA incident files, it was noted that staff reported their observation/concern when an issue arose for further investigation.</p> <p data-bbox="244 1756 1474 1845">Training records indicate that 100% of staff are trained on mandatory reporting. All random staff interviewed explained their understanding of what it meant to be a mandated reporter and that the limits of confidentiality was shared with residents at intake.</p> <p data-bbox="244 1935 1485 2096">Policy 6.1-3.3(B) prohibits SVJC staff from revealing any information related to a sexual misconduct report other than those who need to know. Staff are to treat all incidents and allegations seriously and report them immediately to SVJC administration, Shenandoah Valley Department of Social Services (SVDSS), CPS, ACSO, and DJJ. All incidents will also be reported to the parent/guardian, child welfare caseworker or court of jurisdiction. Interviews with staff suggest that they understand and respect the sensitive nature of such reports.</p>

SVJC medical and mental health practitioners, like all other facility employees, are required to report sexual abuse to designated supervisors and officials, as well as to the designated State or local services agency where required by mandatory reporting laws; this requirement is outlined in policy 3.11-4.2(A). Training on mandated reporting requirements was recorded in each of the medical and mental health staff files as confirmed by the auditor. Furthermore, policy 3.11-4.2(A).1, indicates that medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. All medical and mental health staff stated that they did inform residents of the limits of confidentiality as mandated reporters. The auditor did note that the Sexual Abuse Incident Review Checklist has a line-item question as to whether the resident/victim was informed of confidentiality and duty to report. The ten incident review files each indicated that residents were made aware of limits of confidentiality.

Upon receiving any allegation of sexual abuse, SVJC policy 3.11-4.2 (B-D) requires that the Executive Director or designee is responsible for notifying the appropriate agency offices, including the ACSO and CPS, and the alleged victim's parents/legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians; and, if a juvenile court retains jurisdiction over the alleged victim, the Executive Director or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. The PREA Coordinator and Executive Director affirmed this practice during their interviews with the auditor. The PREA Coordinator indicated that a Mental Health Clinician is often tapped to provide these notifications. The sexual assault incident review forms for each of the 10 allegations made in the past year were reviewed by the auditor. Each form had the appropriate space for notation of facility notifications to the necessary parties; parent/guardians were consistently notified; one report was sent to CPS and ACSO for criminal investigation and contained documentation of communications.

SVJC policy 3.11-4.2(E) requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The facility's designated investigators is comprised of facility administrators, which include the Executive Director, PREA Coordinator/Deputy Director of Programs, the Deputy Director of Operations, and the Security Manager (vacant), as referenced in §115.334(a). Each of the ten random staff interviewed were able to identify at least one facility investigator; they were recognized that administrative investigations remain in-house while criminal investigations are turned over to the ACSO. The PREA Coordinator, as one of the investigators, stated that he is notified of all allegations involving sexual abuse; it was noted in each of the ten investigative files that a facility investigator had reviewed the allegation.

Compliance Determination:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.362:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Random Sample of Staff</p> <p>SVJC policy 6.1-3.3 requires that “when SVJC staff learn that a resident is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the resident.” The Executive Director and PREA Coordinator, shared with the auditor that all staff are trained to take immediate action to protect the safety of youth. During random staff interviews, every staff member knew exactly what to do if they were to become aware of a resident being at risk of imminent sexual abuse. They stated that they would take immediate action to separate the alleged victim from the alleged perpetrator, inform the supervisor on duty, and maintain a greater level of supervision to ensure safety and limit victimization of the youth. Residents can be moved to a different pod if necessary. The PAQ responses indicate that, in the past twelve months, there were zero instances wherein the facility determined that a resident was subject to substantial risk of imminent sexual abuse.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.363:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 3.11 Abuse and Neglect</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>SVJC policy 3.11-4.1 (A) requires that upon receipt of an allegation of alleged sexual abuse from a resident while they were detained at another facility, the Executive Director will report such allegation to the head of the facility where the alleged abuse occurred. Requirements to notify to the appropriate investigative agency are also to be followed along with any other applicable reporting requirements. The PREA Coordinator reported that there have been zero allegations of this kind reported in the past twelve months, thus no notifications to other facilities have been necessary. The Executive Director confirmed understanding of this requirement and would report as necessary should an allegation of this kind ever be made.</p> <p>Furthermore, the Executive Director acknowledged, in accordance with facility policy, that notification of alleged abuse reported from another facility will be provided as soon as possible, but no later than 72 hours after receiving the allegation and SVJC will document whenever there is such a notification made to another facility regarding allegations of abuse. The Executive Director shared that no such allegations have been made in the past twelve months so there was no documentation available to review adherence to this expectation.</p> <p>SVJC policy 3.11-4.2(D) requires "the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards." The Executive Director indicated that there have been zero notifications made to SVJC regarding allegations of sexual abuse that occurred while at SVJC; however, he assured the auditor that if ever such notification were received, a full investigation would be initiated in keeping with PREA standards.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.364:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Investigative files</p> <p>Employee Training Records</p> <p>Contractor Training Records</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Targeted Staff (First Responders)</p> <p>SVJC policy 6.1-3.7 addresses first responder duties and responsibilities. As reported by the PREA Coordinator and confirmed through review of employee training records, all SVJC staff are trained as first responders and responsible for certain actions when responding to an incident of alleged sexual abuse, misconduct, or neglect. Policy requires that staff as first responder, in accordance with the requirements of provision §115.364(a), ensure: 1) the alleged victim and alleged abuser are physically separated; 2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) if the assault occurred within a time period that still allows for collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and, 4) similar request is made of the alleged abuser regarding preservation of physical evidence.</p> <p>The auditor interviewed three staff who are charged with first responder duties. Each of them was able to articulate their understanding of first responder duties and describe the procedures that are required of them to protect residents and preserve the crime scene; staff training related to these duties is outlined in §115.321. Staff shared with the auditor that they are not responsible for actual evidence collection, that is conducted by ACSO; they are required to fully document all knowledge and actions taken regarding allegations of abuse. Responses in the PAQ suggested that in the past twelve months, there was one allegation of resident sexual abuse, a review of investigative files supported this claim.</p> <p>If the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff per policy 6.1-3.7. As all SVJC staff are trained as first responders the only individuals that would not be considered "security staff" would be volunteers and contractors. However, a review of contractor training records indicate that they receive the same PREA training as security staff, to include their role and responsibilities as first responders.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.365:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>SVJC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse; this plan is outlined in SVJC policy 6.1-3.2(G) which states, "For purposes of investigation, SVJC will only conduct administrative investigations of all reported incidents of sexual misconduct. Criminal investigations for incidents of sexual misconduct will be conducted by the Augusta County Sheriff's Office. Investigations may be completed by any combination of the following agencies: Shenandoah Valley Department of Social Services, Department of Juvenile Justice, Augusta County Sheriff's Department, Virginia State Police, Office of the Inspector General, Federal Bureau of Investigation and Augusta County Commonwealth Attorney. In the event of a reported incident of sexual misconduct, SVJC will coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership." The plan further outlines the process of responding to allegations including notifying supervisors, performing first responder duties (see §115.364), ensuring safety of alleged victim, documenting actions/information, cooperating with investigators and administrators, offering medical and mental health services, conducting investigations, monitoring retaliation, and keeping all parties appropriately informed. The Executive Director and PREA Coordinator were able to summarize the coordinated response plan described above and identified the various resources available to them to include ACSO, VCAC, DJJ, etc.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.366:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Cooperative Agreement with ORR/DUCO</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>SVJC Executive Director indicated that the facility does not enter into collective bargaining agreements. Nonetheless, SVJC policy 6.1-3.20(A) dictates, "neither SVJC nor any other governmental entity responsible for collective bargaining on SVJC's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits SVJC's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."</p> <p>SVJC does have a cooperative agreement with the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), and Division of Unaccompanied Children's Operations (DUCO) wherein SVJC has been approved to provide residential services for unaccompanied minors. The auditor reviewed the agreement and verified that it outlines the responsibilities of all parties to include maintaining compliance with all PREA standards.</p> <p>Auditor is not required to audit provision §115.366 (b).</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.367:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Documentation of Monitoring Efforts and Protective Measures</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Specialized Staff (Monitor Retaliation)</p> <p>SVJC policy 6.1-3.21 indicates that the facility will protect all residents and staff who report sexual misconduct, or cooperate with sexual misconduct investigations, from retaliation by other residents and/or staff. The PREA Coordinator/Deputy Director and Security Manager (vacant) are charged with monitoring retaliation.</p> <p>Furthermore, SVJC will employ multiple protection measures to protect residents and staff from retaliation, these measures include housing changes, transfers for residents, removal of alleged staff or resident abusers from contact with victims, and provision of emotional support services for residents or staff who fear retaliation for reporting sexual misconduct and/or for cooperating with investigations. Responses to allegations, including protective measures and monitoring efforts, are documented on significant incident reports; the auditor reviewed these reports for the ten investigative files from the twelve months preceding the audit. Various measures were taken to ensure resident and staff safety to include movement to another housing pod, increased mental health/case management services, continued monitoring, and termination of staff. The PREA Coordinator articulated several protective measures that could be utilized to enhance the protection of residents and staff such as assigning residents/staff to different pods, checking in with residents, monitoring programmatic changes (i.e., increased consequences, isolation, bullying, etc.), and communication with supervisory staff. No residents were being held in isolation as a protective measure at the time of the onsite.</p> <p>SVJC policy further requires that for at least 90 days following a report of sexual misconduct, SVJC administrators or designees will monitor the conduct or treatment of residents and/or staff who reported the sexual misconduct, and of residents who were reported to have suffered sexual misconduct, to see if there are changes that may suggest possible retaliation by residents or staff. SVJC shall act promptly to remedy any such retaliation. SVJC administrators or designees will monitor any resident disciplinary reports, housing/program changes, negative performance reviews and reassignments of staff. SVJC will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>SVJC policy requires that, in the case of residents, monitoring for retaliation shall include periodic status checks. As noted above, the PREA Coordinator, responsible for monitoring retaliation, indicated that monitoring would continue for as long as necessary (minimally 90 days). Review of the investigative case files contain notations from the PREA Coordinator, therapists, and case managers suggesting that there is continuous and periodic monitoring when warranted. If any other individual who cooperates with an investigation expresses a fear of retaliation, SVJC will take appropriate measures to protect that individual against retaliation, per policy 6.1-3.21.</p> <p>Auditor is not required to audit provision §115.367 (f).</p>

Compliance Determination:

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

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.368:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 2.4 Classification and Assessment</p> <p>Cooperative Agreement with ORR/DUCO</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Specialized Staff (Supervise Isolation, Medical and Mental Health Staff)</p> <p>SVJC policy 2.4-3.4(B) stipulates that secure 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. Secure residents who are segregated due to being a victim of sexual abuse shall be subject to PREA requirements § 115.342. During any period of isolation, SVJC will not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Secure residents in isolation will receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The Executive Director said that SVJC does not use isolation in the traditional sense and that alternative arrangements would be made to keep residents safe; nonetheless, policy is in place should the immediacy of a situation ever require it. Medical and mental health staff confirmed that isolation has not been used as a protective measure but that if ever it were the nurse stated that she would check in daily with the resident and as necessary for any medical interventions. The mental health clinician also reported that he would meet with residents in isolation daily as well and assess for safety regularly. There were zero residents who alleged to have suffered sexual abuse who were placed in isolation in the past twelve months.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.371:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Investigative Records</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p>Through review of facility policy 6.1-3.2(G) and interview with the PREA Coordinator, it is clear that SVJC ensures every allegation of sexual abuse or sexual harassment is investigated promptly, thoroughly, and objectively, including those allegations made by third parties and anonymous reports. SVJC is responsible for the conduct of administrative investigations and all criminal investigations will be conducted by the Augusta County Sheriff's Office. Investigations may be completed by any combination of the following agencies: Shenandoah Valley Department of Social Services, Department of Juvenile Justice, Augusta County Sheriff's Department, Virginia State Police, Office of the Inspector General, Federal Bureau of Investigation and Augusta County Commonwealth Attorney. Investigative documentation was reviewed; reports contained a written summary of the allegation, notes from any staff involved in taking the report, documentation from the case managers/therapists and supervisory staff, protective action taken, and notifications made. The investigative review forms also include any evidence available, notates staffing and facility location during the incident, assesses measures that should be taken to increase prevention and detection, and allots appropriate space to indicate the involvement of outside investigative entities. Any and every allegation initiates a review process, per the PREA Coordinator; administration (all of which are part of the administrative investigative team) is made aware of allegations immediately. Those that are criminal in nature are given to ACSO. Ten allegations were made regarding sexual harassment, these were all addressed administratively. There was one allegation referred for criminal investigations in the past twelve months.</p> <p>SVJC relies on ACSO to investigate criminal matters, as local law enforcement they have the specialized training to conduct investigations, take statements, collect physical evidence, etc. For administrative investigations, SVJC requires that their investigative team members, and other specialized staff, complete specialized training (as outlined in § 115.334). Each member of the Incident Review Team received the following training, which was documented by a Certificate of Completion, issued by the National Institute of Corrections.</p> <ul style="list-style-type: none"> • PREA: Investigating Sexual Abuse in a Confinement Setting • PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting • PREA: Your Role Responding to Sexual Abuse • Medical Health Care for Sexual Assault Victims in a Confinement Setting <p>As noted in §115.334, training records were reviewed to verify current training compliance during the on-site visit and the investigative staff articulated their understanding of the training.</p> <p>As noted in §115.364 and §115.382, SVJC has trained all direct care staff in first responder duties including preservation of</p>

evidence. Investigative staff acknowledged that the facility is not responsible for physical evidence collection, rather that falls to ACSO. Interviews with 4 first responders and investigative team members demonstrated insight into the various roles and responsibilities of staff and administration when gathering information, speaking with alleged victims/abusers and witnesses, and the expectation of thorough documentation to include a description of any evidence, reasoning behind credibility assessments, and investigative facts and findings. The PREA Coordinator also suggested that the video playback system would be reviewed and retained for evidentiary purposes and prior reports of sexual abuse involving the suspected perpetrator would be pulled and available to investigative staff for review.

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

During the interview with the PREA Coordinator, who serves as investigative staff team member, he stated that SVJC would pass along any gathered information to ACSO who would be responsible for the investigation if/when the quality of evidence appears to support criminal prosecution and the conduct of compelled interviews becomes necessary. Review of investigative files confirmed that incident reports, statements, notifications, and video review are appropriately recorded and available to outside investigators if/when necessary.

The credibility of an alleged victim, suspect, or witness will not be determined by the person's status as resident or staff. As indicated by investigative staff, all evidence is subject to review and no individual's status will impact their credibility; neither will the facility submit any resident to a polygraph examination or other truth telling device as a condition for proceeding with an investigation of an allegation, the allegation stands on its own merit and warrants appropriate investigation. There were ten allegations made over the course of the past twelve months, all investigations were handled administratively and conducted in their entirety. There was once case referred to ACSO for criminal investigation. Interview with the PREA Coordinator suggested that ACSO would provide SVJC a written report at the conclusion of their investigation. File review demonstrated communication between SVJC and ACSO concerning the one allegation that was forwarded to ACSO in the past twelve months. SVJC policy 6.1-3.2(L) requires that, "when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." During interviews with the PREA Coordinator and Executive Director they reported that SVJC requires documentation of all allegations of sexual abuse; this documentation, along with applicable video footage, is provided to ACSO for any necessary criminal investigations. All staff are expected to cooperate with the investigative process. The PREA Coordinator is the point of contact for communications with ACSO per the Executive Director. The PREA Coordinator shared that he would remain abreast of investigation progress through regular correspondence via phone, email, and in person as required.

It is the practice of SVJC for the administrative investigative review team to consider whether staff action or failure to act contributed to the abuse. This consideration is documented on the Incident Review Checklist located in each of the investigative files; the checklist also includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Beyond meeting with the individual making an allegation/accusation, the PREA Coordinator suggested to the auditor that, other methods of determining whether staff actions or inaction contributed to the abuse would be considered; these other methods could include the verbal and written reports by others involved and video surveillance review.

SVJC policy 6.1-3.2(H) declares, "substantiated allegations of conduct that appears to be criminal will be referred for prosecution." The PAQ reported that there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit.

SVJC policy 6.1-3.2(I) indicates that the facility will retain such investigative records for as long as the alleged abuser is placed or employed by SVJC, plus five years. The auditor was provided investigative files dating back to the previous PREA audit for review.

SVJC will not terminate an investigation solely on the departure of the alleged abuser or victim from the employment or control of the facility, per policy 6.1-3.2(J). The PREA Coordinator said that staff would likely be placed on leave during the investigation and that the investigation would continue regardless of the employment status or placement at SVJC.

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

Compliance Determination:

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.372:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Investigative Records</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p>SVJC does not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated, in accordance with SVJC policy 6.1-3.2(M). Review of the ten investigative files suggested that findings are based on evidence which includes resident and staff statements, incident reports, and camera reviews; furthermore, investigative staff appear to understand the standard necessary to substantiate an allegation.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.373:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Investigative Records</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Investigative Staff</p> <p>SVJC policy requires that following an investigation into a resident's allegation of sexual misconduct suffered in the facility, SVJC will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Investigative staff/PREA Coordinator, report investigation outcomes clearly on the Sexual Abuse Incident Review Checklist which becomes the cover page for investigative files. Ten investigative files were reviewed administrative processes still followed including informing the resident of findings.</p> <p>SVJC will request all relevant information from the investigative agency in order to inform the resident. As noted previously, the PREA Coordinator/Deputy Director is the point of contact for investigations conducted by outside agencies and will remain abreast of investigative progress and inform residents of findings. There was one investigation completed by outside agencies in the past twelve months.</p> <p>SVJC policy 6.1-3.7(D.4.c) requires that, following a resident's allegation that a staff member has committed sexual misconduct against a resident, SVJC will subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: 1) The staff member is no longer posted within the resident's unit; 2) The staff member is no longer employed at the facility; 3) SVJC learns that the staff member has been indicted on a charge related to sexual misconduct within the facility; or, 4) SVJC learns that the staff member has been convicted on a charge related to sexual misconduct within the facility. SVJC reported that there was one complaint of sexual misconduct committed by a staff member against a resident in the past twelve months; that individual's employment was terminated.</p> <p>SVJC policy requires that following a resident's allegation that he or she has been sexually abused by another resident, SVJC will inform the alleged victim whenever: 1) SVJC learns that the alleged abuser has been indicted on a charge related to sexual misconduct within the facility; or 2) the alleged abuser has been convicted on a charge related to sexual misconduct.</p> <p>SVJC documents all such notifications or attempted notifications as required by this standard and SVJC policy. The administrative review process was completed and thoroughly documented.</p> <p>Auditor is not required to audit provision §115.373 (f).</p>

Compliance Determination:

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.376:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 7.32 Standards of Conduct</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Staff Terminations for Sexual Abuse Letter</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>According to SVJC policy 6.1-3.15 (A), staff will be subject to disciplinary sanctions up to and including termination for violating SVJC's PREA and/or Harassment Policies. A review of SVJC 7.32 Standards of Conduct indicates that violation of the harassment and PREA policies could constitute various levels of offense category depending on the nature of the violation. The PREA Coordinator reported that one staff member violated SVJC's policy on sexual abuse or sexual harassment in the past twelve months and subsequently had their employment terminated. SVJC policy dictates that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse.</p> <p>Per SVJC policy 6.1-3.15(C), disciplinary sanctions for violations of agency policies relating to sexual misconduct (other than actually engaging in sexual misconduct) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The considerations for such are outlined in the SVJC 7.32 Standards of Conduct. In the past 12 months, zero staff from SVJC have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p>All terminations for violations of SVJC's PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, per SVJC policy 6.1-3.15(D). Documentation shows that there was one termination for PREA-related conduct at SVJC in the past 12 months and that SVJC staff was reported to law enforcement following their termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Compliance Determination:</p>
	<p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.377:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>SVJC policy 6.1-3.15(E) makes it clear that, "any contractor or volunteer who engages in sexual misconduct will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents at SVJC.</p> <p>SVJC will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual misconduct policies by a contractor or volunteer. The Executive Director reported that any contractor or volunteer that violated SVJC sexual misconduct policies would not be allowed in the facility. SVJC reported zero cases of a volunteer or contractor requiring discipline for violation of sexual misconduct policies.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.378:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Investigative Files</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Medical and Mental Health Staff</p> <p>SVJC policy 6.1-3.16(A) indicates that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual misconduct or following a criminal finding of guilt for resident-on-resident sexual misconduct. Per responses on the PAQ, in the past twelve months there have been one administrative findings of resident-on-resident sexual abuse.</p> <p>SVJC policy 6.1-3.16(B) further addresses resident sanctions stating, "any disciplinary sanctions shall be commensurate with the nature and circumstances of the misconduct committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible." The Executive Director stated that SVJC does not use isolation in the traditional sense of the word; but rather as a short-term measure to allow/assist residents in calming down and/or remaining safe. PAQ responses indicate that there were zero residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.</p> <p>SVJC requires that the disciplinary process considers a resident's mental disabilities or mental illness and whether it contributed to their behavior when determining what type of sanction, if any, should be imposed. The Executive Director affirmed that these factors are considered to determine appropriate sanctions.</p> <p>SVJC policy 6.1-3.16(D) indicates that the facility will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the misconduct, consider whether to offer the offending resident participation in such interventions. SVJC will require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. During interviews with medical and mental health staff each confirmed that counseling and therapy is offered to all residents.</p> <p>SVJC will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact, in keeping with SVJC policy 6.1-3.16(E).</p> <p>Per SVJC policy 6.1-3.16(F), "for the purpose of disciplinary action, a report of sexual misconduct made in good faith based</p>

upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." As referenced in §115.352, SVJC policy 3.16-3.2(J) suggests that any resident who files a grievance, related to alleged sexual abuse, in bad faith (intentionally fabricated allegation) is subject to discipline. This sentiment is also made clear to residents in the resident handbook.

In accordance with SVJC policy 6.1-3.16(G), SVJC prohibits all sexual activity between residents and may discipline residents for such activity. SVJC will not deem such activity to constitute sexual misconduct if it determines that the activity is not coerced. The PREA Coordinator suggested that all sexual activity at SVJC will be subject to administrative review at which time a determination will be made regarding sanctions.

Compliance Determination:

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.381:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>Sample of Secondary Medical and MH Documents</p> <p>Sample of Secondary MH Follow Up Documents</p> <p>Observations during Facility Site Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Medical and Mental Health Staff</p> <p>Specialized Staff (Risk Screening)</p> <p>Random Residents</p> <p>SVJC policy requires that if the risk screening (pursuant to §115.341) indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the resident will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. During interviews with staff that conduct the risk screening, it was reported that all residents are assigned a case manager/clinician whom they will meet with regularly, typically within the first few days of the resident's admission; furthermore, they reported that if the resident discloses prior victimization the resident is offered a follow-up meeting with medical or mental health staff typically within 24 hours of the request. The residents interviewed on the day of the on-site review that had disclosed sexual victimization during their risk screening indicated that they met with mental health staff. The auditor reviewed secondary medical and mental health forms as well as intake assessments pursuant to §115.341, all demonstrate compliance with this provision.</p> <p>Likewise, per SVJC policy 6.1-3.8(D.3), if the resident is identified through the intake risk screenings to have previously perpetrated sexual abuse, they will be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening in the same manner.</p> <p>SVJC policy 6.1-3.8(D.4) dictates that "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law." As reported by the PREA Coordinator limited staff have access to resident files. Resident files were observed during the facility site review as being stored in a secure cabinet in the shift supervisor's office. Program files are in secure cabinets in case manager offices. Upon release, all resident files are in secure locked cabinets in the storage area.</p> <p>Medical and Mental Health staff shared with the auditor that informing residents of their mandated reporter status (per Virginia law) is typically the first thing they do upon meeting a new resident. This practice is supported by SVJC policy 6.1-3.8(D.6) which states, "medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of</p>

18.”

Compliance Determination:

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

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

Documents Reviewed:

SVJC Pre-Audit Questionnaire

SVJC Policy 6.1 Prison Rape Elimination Act

Sample of Secondary Medical and MH Documents

Sample of Secondary MH Follow Up Documents

Observations during Facility Site Review

Interviews Conducted:

PREA Coordinator

Medical and Mental Health Staff

Specialized Staff (First Responders)

The auditor was informed by medical and mental health staff that, although there have been zero reports of sexual abuse at SVJC over the past twelve months, any resident victim of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services would be determined by medical and mental health practitioners according to their professional judgment; this is in keeping with SVJC policy 6.1-3.8(E.1).

Sexual assault victims will be transported to Augusta Health for emergency medical services; this is also where SANE/SAFE personnel can provide examination. Both the nurse and mental health clinician maintain secondary records documenting all aspects of their duties, in the instance that sexual abuse was to occur, they would also document the timeliness of emergency medical treatment and crisis intervention services that were provided. All staff, non-health staff included, would document their involvement in such a matter in a significant incident report (cross-reference §115.322 and § 115.351).

As noted in § 115.364, all SVJC staff are trained as first responders; during interviews with the auditor they were able to clearly articulate their duties as such, including, in the instance there are no qualified medical or mental health practitioners on duty at the time a report of recent misconduct is made, they would take preliminary steps to protect the victim pursuant to §115.362 and immediately notify the appropriate medical and mental health practitioners in keeping with SVJC policy 6.1-3.8(E.2).

The nurse affirmed that, in keeping with SVJC policy 6.1-3.8(E.3), resident victims of sexual misconduct while incarcerated shall be offered timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The nurse reported that Augusta Health would provide medical services in the instance of sexual assault and then SVJC would adhere to any treatment plan or follow-up services recommended.

SVJC policy 6.1-3.8(E.4) dictates that, "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (reference §115.321(c)).

Compliance Determination:

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

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:

SVJC Pre-Audit Questionnaire

SVJC Policy 6.1 Prison Rape Elimination Act

Observations during Facility Site Review

Interviews Conducted:

PREA Coordinator

Medical and Mental Health Staff

Specialized Staff (Risk Screening)

The nurse and the mental health clinician confirmed that a resident victim of sexual abuse will be offered medical and mental health evaluations, and as appropriate, treatment, regardless of where the sexual abuse happened; in keeping with SVJC policy 6.1-3.8(F.1). The nurse and mental health clinician noted that a coordinated response would allow them to offer immediate services in-house as well as with community providers including Augusta Health, VCAC, CPS, and ACSO.

SVJC policy 6.1-3.8(F.2) further affirms that the evaluation and treatment of sexual abuse victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The Valley Children's Advocacy Center will assist the child victim with this service as confirmed by the auditor during a phone interview.

Per SVJC policy 6.1-3.8(F.3), SVJC medical and mental health clinicians will provide resident victims of sexual misconduct with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests in accordance with facility policy 6.1-3.8(F.4).

Additionally, as indicated in SVJC policy 6.1-3.8(F.5), and echoed by medical staff, if pregnancy results from sexually abusive vaginal penetration while at SVJC, victims will be provided comprehensive information about, and timely access to, all lawful pregnancy related medical services (cross-reference §115.382c). As required by SVJC policy 6.1-3.8(F.6), resident victims of sexual assault while detained shall be offered tests for sexually transmitted infections as medically appropriate.

As previously noted in §115.382, and in keeping with SVJC policy 6.1-3.8(F.7), treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Per policy 6.1-3.8(F.8), SVJC will attempt to conduct a mental health evaluation of all known resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by qualified mental health practitioners. Mental health staff reported that all residents are screened at intake and typically seen by a mental health provider within 24 hours. Residents also meet regularly with their mental health clinician and/or case manager and are rescreened periodically throughout their stay.

Compliance Determination:

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

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.386:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>SVJC PREA Sexual Abuse Incident Review Form</p> <p>Investigation Files</p> <p>Observations during Facility Site Review</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>Incident Review Team</p> <p>SVJC policy 6.1-3.10(A) requires that SVJC will conduct a sexual misconduct incident review within 30 days of the conclusion of every sexual misconduct investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The incident review checklist that SVJC utilizes is well organized, comprehensive, and user friendly. The auditor's examination of the investigative review process indicated that the review was consistently conducted in a timely manner, by upper-level staff, and in its entirety. During review the auditor noted that 100% of the ten investigative reviews were conducted within 30 days of investigation closure.</p> <p>The incident review team includes the Executive Director, Deputy Director of Program/PREA Coordinator, Deputy Director of Operations, and the Security Manager (vacant), with input from shift supervisors, investigators, medical staff and/or mental health practitioners. The Incident Review Checklist identifies each of these individuals allowing those present to indicate their attendance/participation in the review.</p> <p>SVJC policy 6.1-3.10(C.1-6) outlines the necessary components for consideration by the review team. The review team shall: 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual misconduct; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable misconduct; 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §115.386, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. During interviews with the Executive Director and PREA Coordinator, they indicated that each item on the review form is given serious consideration. Review of the incident review checklist allowed the auditor to verify these considerations were present; again, review of the ten investigative files confirmed that the reviews were completed in their entirety.</p> <p>The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. There were no actionable recommendations noted on the completed incident review forms, which stands to reason considering the incidents did not appear to warrant any facility changes.</p>

Compliance Determination:

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

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

Documents Reviewed:

SVJC Pre-Audit Questionnaire

SVJC Policy 6.1 Prison Rape Elimination Act

SVJC PREA Sexual Abuse Incident Review Form

Sample of Aggregated Data

SVJC website: www.svjc.org

Interviews Conducted:

PREA Coordinator

In accordance with SVJC policy 6.1-3.11(A), SVJC will collect accurate, uniform data for every allegation of sexual misconduct at facilities under its direct control using a standardized instrument and set of definitions. Aggregated data is reviewed to improve sexual abuse prevention, detection, and response at the facility and is made available to the public via the facility website.

Policy 6.1-3.11(B) requires that SVJC aggregate the incident-based sexual misconduct data at least annually. As previously noted, the aggregated data, in the form of an annual report, is posted on the facility's website. The PREA Coordinator is responsible for this data collection, aggregation, and analysis.

The incident-based data collected shall include, 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, per policy 6.1-3.11(C).

SVJC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews. Again, the PREA Coordinator indicated to the auditor that when any such allegations and/or investigations occur, all information and data will be documented, collected, reviewed, and stored securely in his office in the administration area for annual review.

While it is in policy 6.1-3.11(E) that, "SVJC will obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents," there are no contractual agreements with any other facilities the time of the audit, per the Deputy Director/PREA Coordinator.

Upon request, SVJC will provide all such data from the previous calendar year to the Department of Justice no later than June 30. The auditor confirmed with the PREA Coordinator that the DOJ has not requested any facility data.

Compliance Determination:

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

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.388:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Annual PREA Report 2020 and 2021</p> <p>SVJC Website: www.svjc.org</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Executive Director</p> <p>As noted in §115.387, and required by SVJC policy 6.1-3.12(A), SVJC will review data collected from all reports of sexual misconduct in order to assess and improve the effectiveness of its sexual misconduct prevention, detection, and response policies, practices, and training, including: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions. The PREA Coordinator is tasked with this responsibility and submits reports to the Executive Director for review and publication. The Executive Director confirmed that he will sign off on the annual reports and then make them available for public viewership via the facility website.</p> <p>The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of SVJC's progress in addressing sexual misconduct. The auditor's review of the 2020 and 2021 annual reports indicated that the facility accurately represents the sexual misconduct data and offers a comparative analysis of the compiled data through depiction of allegation types and trends, and overall PREA compliance.</p> <p>In accordance with SVJC policy 6.1-3.12(D), the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Types of information that would be redacted include resident names, birth dates, juvenile tracking numbers, etc., with the intent to maintain confidentiality. The auditor reviewed two annual reports to ensure personal identifiers had been removed.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.389:</p> <p>Documents Reviewed:</p> <p>SVJC Pre-Audit Questionnaire</p> <p>SVJC Policy 6.1 Prison Rape Elimination Act</p> <p>SVJC Website: www.svjc.org</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>SVJC policy 6.1-3.13(A) requires that SVJC ensure that data collected on all reports of sexual misconduct is securely retained. As noted in §115.387, the PREA Coordinator reported that resident files are stored in a secure cabinet in the shift supervisor's office and program files are in secure cabinets in case manager offices while residents are detained. Upon release, all resident files are in a secure locked cabinet in SVJC's storage area. Employee records are kept in a secure cabinet in the Finance & Human Resource Manager's office. All reports of sexual misconduct are stored securely in the PREA Coordinator's office.</p> <p>Per policy 6.1-3.13(B), SVJC will make all aggregated sexual misconduct data readily available to the public at least annually through its website. The auditor's review of the website indicates that this information is indeed available for public review.</p> <p>Before making aggregated sexual misconduct data publicly available, SVJC will remove all personal identifiers, as indicated in §115.388.</p> <p>SVJC policy 6.1-3.13(D) indicates that the facility will maintain sexual misconduct data for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. Information has been reviewed in conjunction with the three-year PREA audit cycle and will remain secured in the PREA Coordinators office in the administrative area of the facility until properly destroyed after 10 years from the date of collection.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was used to determine compliance for standard 115.401:</p> <p>Documents Reviewed:</p> <p>SVJC Records</p> <p>SVJC Website: www.svjc.org</p> <p>Observations during Facility Site Review</p> <p>SVJC's last on-site PREA audit occurred on June 24, 2019. Their final audit report was submitted on August 23, 2019. For the current audit, the on-site portion was conducted February 7-9, 2022. The auditor was given full access to, and observed, all areas of SVJC as indicated in the facility characteristics section of this report.</p> <p>The auditor was permitted to request and receive copies of relevant documents (including electronically stored information) through the OAS, from the initial auditor, in person during the on-site portion of the audit, and following the on-site visit via email communication with the PREA Coordinator.</p> <p>The auditor was permitted to conduct private interviews with residents and staff. An interpreter from the language line was utilized for interviews with LEP residents; the expectation and limits of confidentiality were shared with the interpreter and the residents.</p> <p>Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The audit notice posted throughout the facility listed contact information for the auditor. No correspondence was received by the auditor at the time of the final audit report.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>

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

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

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

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

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

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

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

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

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

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

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	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?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

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

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

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

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

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

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

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

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

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

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

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

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