

**Kehoe Correctional Consulting, LLC**  
**P.O. Box 1265**  
**Midlothian, VA 23113**  
**(804) 873-4949**  
**e-mail: [charlesjkehoe@msn.com](mailto:charlesjkehoe@msn.com)**

August 01, 2014

Mr. Joseph W. Young, Jr.  
Superintendent  
New River Valley Juvenile Detention Home  
650 Wades Lane  
Christiansburg, Virginia 24703

RE: PREA Audit: Auditor's Summary Report

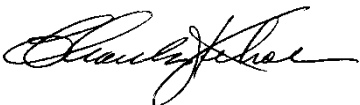
Dear Superintendent Young:

Congratulations! Attached to the email, with this letter, you will find the PREA Audit: Auditor's Summary Report for the New River Valley Juvenile Detention Home. As indicated in this report, your facility now meets the Juvenile Facility Standards of the Prison Rape Elimination Act. The few areas that I did not think were in compliance with the standards, at the time of the audit, were all corrected following the audit and before the publication of this report.

I want to thank you and your staff for their complete cooperation during and after the audit. As is evidenced in the report, it is obvious that you, and your employees, have incorporated the Prison Rape Elimination Act into the culture of the New River Valley Juvenile Detention Home

I believe this is the first juvenile detention home or juvenile correctional facility in the Commonwealth of Virginia to be certified under the PREA Juvenile Facility Standards. As a fellow Virginian, I am proud to have been a part of this pioneering effort in Virginia and I applaud your leadership. Please extend my most sincere congratulations to your Commission members, as well. They can be very proud of what you and they have accomplished as a team.

Sincerely,



Charles J. Kehoe, ACSW, CCE  
Certified PREA Auditor

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



<b>Name of Facility:</b> New River Valley Juvenile Detention Home			
<b>Physical Address:</b> 650 Wades Lane, Christiansburg, Virginia 24703			
<b>Date report submitted</b>			
<b>Auditor information: Charles J. Kehoe</b>			
<b>Address:</b> P.O. Box 1265, Midlothian, Virginia 23113			
<b>Email:</b> <a href="mailto:charlesjkehoe@msn.com">charlesjkehoe@msn.com</a>			
<b>Telephone number:</b> (804) 873-4949			
<b>Date of facility visit:</b> June 24 – 26, 2014			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> Same as above <i>(if different from above)</i>			
<b>Telephone Number:</b> (540) 381-0097			
<b>The Facility is:</b>	<input checked="" type="checkbox"/> Military	<input checked="" type="checkbox"/> XX County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facility Type:</b>	<input type="checkbox"/> XX Detention (Juvenile)	<input type="checkbox"/> Correction	<input type="checkbox"/> Other:
<b>Name of PREA Compliance Manager:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Title:</b>
<b>Email Address:</b>	<b>Telephone Number:</b>		
<b>Agency Information</b>			
<b>Name of Agency:</b> New River Valley Juvenile Detention Home			
<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i> New River Valley Detention Commission			
<b>Physical Address:</b> 650 Wades Lane, Christiansburg, Virginia 24703			
<b>Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b> (540) 381-0097 Ext. 302			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Joseph W. Young, Jr.		<b>Title:</b>	Superintendent
<b>Email Address:</b> 650 Wades Lane, Christiansburg, Virginia 24703		<b>Telephone</b>	(540) 381-0097 Ext. 302
<b>Agency Wide PREA Coordinator:</b>			
<b>Name:</b> Tonia Winn		<b>Title:</b>	Deputy Superintendent
<b>Email Address:</b> tonia.winn@nrvjdh.org		<b>Telephone Number:</b>	(540) 381-0097 Ext. 303

# AUDIT FINDINGS

## **NARRATIVE:**

The PREA Audit of the New River Valley Juvenile Detention Home (NRVJDH) was conducted on June 24 – 26, 2014. The Designated Auditor was Charles J. Kehoe of Midlothian, Virginia.

The auditor wishes to extend his deepest appreciation to Superintendent Joseph W. Young, Jr., Tonia D. Winn, and all the employees of this facility for their professionalism, hospitality, and kindness.

On February 26, 2014, Superintendent Young mailed a flash drive to the auditor that contained the facility's policies and procedures, training modules, memorandums of understanding, and other PREA related documents.

The Auditor contacted Just Detention International to inquire if that agency had received any information regarding the NCJJC. A check of their records showed no complaints on file regarding the NCJJC.

The Auditor met with Superintendent Young on Tuesday, June 24, 2014 at approximately 8:10 a.m. It should be noted that Mr. Young is a Certified PREA Auditor. Deputy Superintendent, Tonia Winn also participated in the meeting. Ms. Winn is the facility's PREA Coordinator.

The PREA Audit Entrance Meeting was held in the Superintendent's Office at 8:40 a.m. The Superintendent and his leadership team were in attendance. The Auditor thanked the facility leadership for being involved in the PREA process and for being one of the first juvenile detention facilities in the Commonwealth of Virginia to request an audit. The Auditor explained the audit process and reviewed the Audit Schedule with the administrative team. The Auditor then provided the random list staff to be interviewed. Because of the small number of residents, the auditor said he would interview all residents.

The tour of the NRVJDH began at 9:12 a.m., following the Entrance Meeting. Accompanying the Auditor on the tour was the Superintendent and the Deputy Superintendent. All areas where residents may be found were seen, including the outdoor garden, the greenhouse, and the recreation field. The tour concluded at 10:40 a.m. During the tour, the auditor was introduced to staff and residents.

Following the tour the auditor began interviews with the staff.

The first day of the audit, there were 12 residents in the facility, but one was released by the Court. All 11 of the remaining residents were interviewed. Two residents were interviewed twice. In the first case, the resident had reported a prior victimization and in the second case, the resident was interviewed because he was identified as being disabled due to limited vision. The facility does not have isolation rooms, but may confine a resident to his/her room for serious behavior violations. There were no gay, lesbian, transgender or bisexual residents in the facility on the days of the audit. None of the residents interviewed reported being sexually abused in the facility. Interviews with residents clearly indicated that they are well informed about PREA, their rights, and how to report an abuse. New admissions are informed about PREA within an impressive PowerPoint presentation that is conducted by the nurse and offers ample opportunity for the resident to ask questions and answer questions. While the PowerPoint is offered only in English the facility is taking immediate steps to ensure an interpreter is available if a youth is admitted with limited English speaking ability. All the residents reported that they felt safe in this facility and that they are treated well by the staff.

Ten direct care staff were randomly selected by the auditor from all shifts and were interviewed. Sixteen interviews were conducted with staff or contractors in specialized areas and included the Agency Director (Designee)/Superintendent, PREA Coordinator/Manager, investigator, therapists (mental health professionals), intake and screening staff, an Incident Review Team member, mid-level managers, the supervisor who monitors for retaliation, non-security first responder, the Human Resource Manager, a

volunteer, and a contractor. It should be noted that since this is a small facility, several of the staff have multiple responsibilities so a few individuals were interviewed two or three times (The Deputy Superintendent was interviewed four times) if their duties covered more than one specialized area. In all, the auditor conducted 39 interviews.

The auditor found that the NRVJDH was highly organized and prepared for the audit and is meeting the PREA Juvenile Facility Standards. While there were a few areas that the facility did not meet the standard at the time of the audit, those areas were corrected during the 30-day report writing period. Documentation confirms that the corrections have been made.

All staff who are authorized to do admissions are well trained on how to conduct the PREA interview and admission process.

The academic program at the facility is operated by the Montgomery County Public Schools under a program referred to as State Operated Programs that is funded through the Commonwealth of Virginia.

Staff training is very comprehensive. During the interviews, however, the auditor found that some direct care staff did not seem to fully understand certain aspects of PREA. The auditor discussed this deficiency with the Superintendent at the Exit Meeting. Since that time, the Superintendent and Deputy Superintendent conducted a six-hour refresher training session for all staff which included a pre-test and a post-test. During the interviews, direct care workers did describe, in detail, procedures for protecting residents from harm or threats of retaliation, the preservation of evidence, and the mandatory reporting requirements. Training records were reviewed and provided documentation that the training took place.

At the time of the audit, the facility's contract physician and contract psychiatrist had not completed the specialized training requirements. Since that time, both doctors have met that requirement as documented by their certificates.

A PREA Focused Training-of-Trainers program was hosted by the Virginia Council of Juvenile Detention (now called the Virginia Juvenile Detention Association) and presented by the Moss Group, Inc. in cooperation with the National Institute of Corrections. The Superintendent participated in the program.

The auditor observed the 17 cameras that are positioned throughout the facility. An "Invitation for Bids" has been issued to install 14 more cameras. Camera monitors are found in the offices of the Superintendent, the Deputy Superintendent, the shift supervisors, and the control room. Individuals can be easily identified with these cameras. The system has an automatic 45 days of storage.

Medical and mental health services are provided to the residents of the NRVJDH. Mental health services are provided by New River Valley Community Services (NRVCS) and include two full-time clinicians and a child psychiatrist who comes to the facility twice a month. The medical services are provided under a contract with Dr. Robert W. Dums, M.D. In addition to Dr. Dums, there is a full-time Registered Nurse, who is employed by the facility, and focuses her attention on the residents health care needs and also helps to facilitate the PREA Orientation for new admissions. Dr. Dums, the Registered Nurse, and the staff from NRVCS and have been fully PREA trained and have received the required background checks.

A shift supervisor serves as the facility investigator and received the PREA Investigator Training at the Virginia State Police Academy by the Moss Group, Inc., in February of 2013. The investigator will conduct administrative investigations and assist the local law enforcement agency, as directed. In addition, the facility has a Memorandum of Understanding with the Christiansburg Police Department "to establish PREA compliant evidence protocol and forensic medical examinations for residents who have been victims of sexual abuse." The NRVJDH is required to report any suspected abuse or neglect to the local Department of Social Services. It must also file a report with the Virginia Department of Juvenile Justice. In the past 18 months, there was one reported allegation of sexual harassment. In that incident, two residents alleged they were sexually harassed in the shower by another resident. That resident later claimed that he was

the one who was harassed. The findings of the investigator were that the case was “unfounded” because there was no video documentation or other evidence to support the allegations and the allegation did not meet the PREA definition of harassment.

The NRVJDH is a small facility. Currently, the staff to resident ratio is greater than one-to-one. NRVJDH has a comprehensive policy and procedure that describes the need for positions to ensure appropriate levels of supervision to ensure the safety of residents. On an annual basis, the Superintendent and the PREA Coordinator assess the staffing and facility logistics and determine if adjustments are necessary. The PREA Staffing/Facility Logistics Assessment form covers the essential questions in 115.313. The facility is also required to meet the staffing ratio standards of the Virginia Board of Juvenile Justice (Juvenile Detention Regulations - 6 VAC 35-101). Currently, the staffing ratio standard in Virginia is 1:10 during waking hours and 1:20 during sleeping hours.

The NRVJDH has a procedure in place to collect data regarding sexual assaults and sexual harassment and publishes an annual report on its Web site, as required by Standard 115.388, that reports data regarding sexual assaults and sexual harassment and the facility’s continuous effort to comply with all the PREA standards.

When the on-site audit was completed, the auditor conducted an exit meeting at approximately 3:00 p.m. on June 26, 2014. While the auditor could not give the facility a final finding, as there were issues needing further attention, the Auditor did give an overview of the audit and thanked the Superintendent and the Deputy Superintendent for their hard work and commitment to the full implementation of the Prison Rape Elimination Act.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

In September of 1971, the New River Valley Planning District appointed a committee to study the need for a Juvenile Detention Commission, as per the Code of Virginia Sections 16.1-315 – 16.1 – 322. In less than four months, the New River Valley Juvenile Detention Commission held its first meeting and began to focus on establishing a new juvenile detention home. The Commission was composed of appointed representatives from the following jurisdictions: the City of Radford and the Counties of Giles, Montgomery, and Pulaski. The new Commission’s immediate challenges were to locate a site for the new juvenile detention home, secure funding from the participating jurisdictions and the Commonwealth of Virginia, and select an architect. The site for the property was donated by Montgomery County in the Town of Christiansburg. Utility hook-ups were provided by Christiansburg. The participating jurisdictions each pledged \$100,000 with \$283,554 coming from state funds. The groundbreaking took place in June of 1973. The facility was fully operational on August 29, 1974. The total cost of the facility was \$552,050. In the late 1990s, a gym, an additional classroom, additional bathrooms, and locker rooms were added to the facility at a cost of approximately \$750,000. For the last several years the Commission has been developing plans for a major renovation of the facility. The Commission’s Planning Study, prepared by Moseley Architects of Richmond, will be submitted to the Virginia Department of Juvenile Justice, for approval and matching state dollars. This will be the first major renovation of this facility in 40 years. In preparing the Planning Study, the facility administration and the architect considered the prevention of sexual assault and harassment in every facet of the design. The planning report confirmed that the PREA Juvenile Facility Standards were discussed in the context of the scheme.

The New River Valley Detention Commission is a political subdivision under the Code of the Virginia, Section 16.1 – 315. The purpose of the six-member Commission is to own, operate, and manage a juvenile detention facility. The Commission meets monthly.

The NRVJDH is located on five acres of land. The single structure has two sleeping units. One serves males only and the other hall has rooms for male and female residents. There are 22-single occupancy sleeping rooms, a large dayroom/activity area, three classrooms, a large gym, offices, a medical clinic, and a kitchen. Outside of the building, are storage areas, a greenhouse, and a large recreation area. The

average daily population for 2013 was 12 residents.

The Mission Statement of the NRVJDH is stated as follows:

“We will provide secure custody for and care of juveniles in a safe healthy environment, while protecting the community. As an integral part of the rehabilitation process, supervision, guidance, and counseling are used to control and prevent delinquency by promoting personal responsibility, social accountability, and emotional growth.”

There are 25 full-time and three part-time, authorized, NRVJDH employees in the facility, eight education staff employed by the Montgomery County Public Schools, and two-full time qualified mental health professionals who are employed by the New River Valley Community Services (the local mental health agency).

The NRVJDH provides pre-dispositional services to male and female residents who are awaiting a court hearing or transfer to another institution. The average length of stay is 10 to 15 days. The detention home also has a Post-Dispositional Program known as G.O.A.L.S for youth who are committed to the program by a Juvenile and Domestic Relations District Court Judge under the Code of Virginia 16.1-284.1. The facility offers the Judge and the Court Services Unit an alternative to state commitment. The term of the program is from 31 to 180 days, depending on the Court’s Order. A service plan is created with input from the resident and his/her parents. Education and career goals, as well as psycho-social needs are assessed, matched to available resources and incorporated into the plan of action. On the day of the audit, three of the 12 in the facility were classified as Post-Dispositional residents. The average length of stay for the Post-Dispositional Program is 45 to 90 days.

As previously stated, the academic program is administered by the Montgomery County Public Schools under a program referred to as State Operated Programs that is funded through the Commonwealth of Virginia. The mission of the academic program is to provide appropriate educational services to the residents of the NRVJDH. The program is tailored to the individual student’s needs and focuses on providing the student with a positive and rewarding academic experience. The program follows a research-based instructional format that enhances individual learning and academic achievement.

New River Valley Community Services clinicians assist in screening new admissions by scoring the MAYSI-2, identify youth in need of mental health services, provide individual counseling, psychological education groups, substance abuse groups, Moral Reconciliation Therapy groups, service planning for long-term clients, anger management and conflict resolution groups, and case management and transition planning. A Child-Psychiatrist also comes to the facility twice a month to consult with the mental health staff, oversee medication management, and provide services to those residents with the greatest mental health needs.

If a resident is sexually assaulted, the facility has a Memorandum of Understanding with the Women’s Resource Center of the New River Valley, Inc. (WRC) to provide advocacy services to the victim. The WRC has agreed to go with the victim to the hospital and to provide continuing support services when the resident is returned to the facility or released to the community.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 4

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

**Standard Prevention Planning**

**§ 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

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

The NRVDH's Zero Tolerance is clearly stated in a number of policies, on the facility's Web site, and in its publications. The policy addresses preventing, detecting, and responding to sexual assault and sexual harassment. Employees, residents, volunteers, and contractors interviewed all understood the Zero Tolerance Policy.

The Deputy Superintendent serves as the PREA Coordinator. She stated she has sufficient time to conduct all of her PREA responsibilities. Since this is a single facility, a PREA manager is not necessary.

**Standard**

**§ 115.312 Contracting with other entities for the confinement of residents.**

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

**Standard**

**§ 115.313 Supervision and monitoring**

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

The facility has a staffing policy and plan that takes into consideration all the elements in the standard. The facility also must comply with regulations of the Board of Juvenile Justice for Juvenile Detention Facilities, which require a 1:10 staffing ratio during waking hours and a 1:16 ratio during sleeping hours. The facility's policy requires that any deviation is documented and explained. The PREA Staffing/Facility Logistics Assessment (annual review) was completed on January 3, 2014 by the PREA Coordinator and Superintendent and reviewed by the auditor. When the entire staff compliment is consider, including teachers and mental health professional, the overall ratio is two staff for every resident. This is excellent.

There are currently 17 video camera located inside and outside the facility. All cameras were in working order. A Bid for 12 new cameras and two replacement cameras is currently being advertised.

Supervisors make two (2) unannounced rounds per shift (six per day) and document the unannounced rounds in a log.

The excellent staffing ratio, the very good camera coverage, with additional cameras being installed soon, and with supervisors making two unannounced rounds per shift, the NRVDH exceeds the requirements of this standard.



**Standard****§ 115.315 Limits to cross-gender viewing and searches.**

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

The facility strictly prohibits cross-gender searches and does not permit pat-down searches even by the same gender. This being a co-ed facility, there are always staff of both gender working.

Most of the staff knock and announce when entering the male or co-ed hall, but some youth and staff reported this was not always consistently done by one or two staff. Since the audit, additional training has reinforced the importance of making the necessary and appropriate announcement. The administration will continue to monitor this.

Although this facility has not had a transgender youth, the staff have been trained in the proper procedure for searching a transgender youth if admitted.

**Standard****§ 115.316 Residents with disabilities and residents who are limited English proficient.**

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

The NRVDH policy and procedures provide that the facility will make accommodations for residents with disabilities or residents with limited English speaking ability. At the time of the audit, the NRVDH had one youth with low vision who was being seen on a regular basis by the nurse and who was receiving personal assistance from the staff. The facility's PowerPoint presentation that gives new residents a complete orientation to PREA, however, was only in English. Since the audit, the Superintendent has initiated a contract with an interpreter organization that will help youth with limited English proficiency to understand the presentation and to answer questions. The PREA brochure and PREA posters were also only in English. Since the audit, the brochure and all posters have been translated into Spanish. Photos confirmed the posters are displayed in both languages and the brochure is also available in Spanish.

**Standard****§ 115.317 Hiring and promotion decisions.**

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

The facility meets all the requirements of this standard. Policies and procedures require that before hiring child abuse registry and background checks are completed. Criminal background checks are completed every five. The application and hiring process includes questions regarding an applicant's previous misconduct.

**Standard****§ 115.318 Upgrades to facilities and technologies.**

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

The Superintendent has identified two cameras that need to be replaced and the need for 12 additional cameras. The Bid for the work to install these cameras has been published and work should begin by the fall.

Moseley Architects of Richmond, Virginia has completed a planning study to remodel the entire facility. The auditor was provided a page from the report that confirmed PREA standards were discussed and incorporated into the design.

**Standard Responsive Planning****§ 115.321 Evidence protocol and forensic medical examinations.**

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

Policies procedures clearly identify the protocols to be followed when an abuse is reported. The facility staff have been trained on these procedures and there is a "PREA Incident: A Coordinated Response Quick Reference" flow chart that identifies each step in the process and the responsible department (i.e., security, medical, mental health, law enforcement, advocate, and administration). During staff interviews, employees were able to explain the procedures.

The facility has written Memorandums of Understanding with the Christiansburg Police Department (CPD) and the Women's Resource Center of the New River Valley, Inc., (WRC) which is the advocacy agency. The WRC told the auditor that in addition to providing support at the hospital, the agency would also provide follow-up services after the resident is returned to the facility or released to the community. The CPD's memorandum states the CPD's protocol will be developmentally appropriate for youth and, to the extent possible, adapted from the most recent edition of "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

If a sexual assault should occur, the CPD will determine which hospital in the area has SAFE/SANE nurses available.

In addition to calling the CPD, the facility is required under state regulations to notify the local Department of Social Services, Child Abuse Hot Line and the Department of Juvenile Justice.

One of the supervisors at the NRVJDH also received training in "Investigating Sexual Misconduct: Training for Correctional Investigators" which was hosted by the Virginia Department of Juvenile Justice and presented by the National Resource Center for the Elimination of Prison Rape and the Moss Group, Inc. on February 13 -15, 2013. This staff member does the administrative investigations. As previously mentioned, there was one allegation of harassment. All the protocols were followed. The investigation's conclusion was the allegation was "Unfounded."

**Standard**

**§ 115.322 Policies to ensure referrals of allegations for investigations.**

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)r

As previously stated, the NRVJDH and the CPD have a Memorandum of Understanding regarding the conduct of investigations and responsibilities. The facility's policies regarding Allegation Referral is available on its Web site.

**Standard – TRAINING AND EDUCATION**

**§ 115.331 Employee training.**

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

All the staff at this facility, including teachers, mental health providers, and health care providers have received training on the areas covered by the standard. When the auditor mentioned to the superintendent some staff were not completely familiar with what was required in some standards, the Superintendent provided a six-hour follow-up training for all employees, following the audit. All training is documented and all staff acknowledge, in writing, that they have received and understand the material on which they were trained.

**Standard**

**§ 115.332 Volunteer and contractor training.**

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

The volunteers and contractors have all been trained on the facility's Zero Tolerance Policy, how to report a suspected sexual assault or sexual harassment, how to avoid inappropriate relationships and contacts with residents, and other information based on the services the volunteer/contractor provides. Volunteers and contractors acknowledge, in writing, that they have received and understand the training.

**Standard**

**§ 115.333 Resident education.**

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

The NRVJDH has an outstanding and comprehensive resident education program. All new admissions receive a brochure titled, "If abuse happens to you...Break the Silence." This describes facility's Zero Tolerance Policy, how abuse can happen, who can commit abuse, who can help the resident, and how to report the abuse. Within 10-

days of admission, the nurse provides an interactive PowerPoint presentation that asks the resident questions at the end of each segment. If there is something the resident does not understand, the nurse will go back over the material. Interviews with all the residents demonstrated that the residents benefited from this presentation. The PowerPoint is narrated by the Superintendent. Residents acknowledge, in writing, they have received and understand the training.

**Standard**

**§ 115.334 Specialized training: Investigations.**

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

As previously mentioned, a supervisor in the facility has received PREA Investigator training and the facility and the CPD have a Memorandum of Understanding which defines how investigations will be carried out.

**Standard**

**§ 115.335 Specialized training: Medical and mental health care.**

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

The nurse, the doctor, the mental health professionals, and the psychiatrist have received the specialized training required by the standard and the training required of all employees. This training is delivered through the video produced by the National Commission on Correctional Health Care. None of these providers conduct forensic exams in this facility. All the mental health professionals and health care providers acknowledge, in writing, they have received and understand the training.

**Standard Screening for Risk of Sexual Victimization and Abusiveness**

**§ 115.341 Obtaining information from residents.**

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

The facility's policies and procedures direct staff doing an intake to complete the PREA Intake Screening Form and Vulnerability Assessment Instrument. A copy of this form is then sent to the PREA Coordinator.

**Standard**

**§ 115.342 Placement of residents in housing, bed, program, education, and work assignments.**

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

The PREA Intake Screening Form and Vulnerability Assessment Instrument is used to help determine room assignment, programming, and education assignments. There is no isolation area in this facility. Lesbian, gay, bisexual, transgender, and intersex residents are placed in the general population. Since this is a co-ed facility youth are only separated during sleeping hours or for specific group sessions.

**Standard Reporting**  
**§ 115.351 Resident reporting.**

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

The NRVDH provides multiple ways for residents to report, including direct calls to a Child Abuse Hotline, reporting to a trusted staff member, reporting to a parent, probation officer, or attorney or filing a grievance. Using the Encartelle telephones, detainees may also report abuse or harassment to the New River Valley Community Services' Outpatient Supervisor. The number (961-8350) is posted and programmed into the system to allow unrestricted outgoing calls to this number. NRVC is not part of the agency and 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.

During the audit the auditor tested the phone that allowed for direct reporting an entity outside the facility. The Superintendent received an immediate email that a report had been received. The residents were all aware of these various reporting options. The employees understand they are mandatory reporters and they can report a case of sexual assault or harassment privately.

**Standard**  
**§ 115.352 Exhaustion of administrative remedies**

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

The facility's grievance policies and procedures comply with the requirements of this standard.

**Standard**  
**§ 115.353 Resident access to outside support services and legal representation.**

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

As previously mentioned, the Women's Resource Center of the New River Valley, Inc. is the designated agency to provide PREA compliant emotional support services for residents who have been victims of sexual abuse. A Memorandum of Understanding confirms this agreement.

All residents confirmed they have access to their attorneys.

**Standard**

**§ 115.354 Third-party reporting.**

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

The facility's policy and procedure for Third Party Reporting is prominently displayed on the Web site and provides for third-party reporting by staff members, family members, attorneys, fellow residents, and other interested parties.

**Standard Official Response Following a Resident Report**

**§ 115.361 Staff and agency reporting duties.**

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

The employees and staff from the mental health agency, the schools, and contract physician all understand they are mandatory reporters, as do volunteers and interns.

The facility's policies and procedures meet the requirements of this standard.

**Standard**

**§ 115.362 Agency protection duties.**

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

The facility's policies and procedures direct how a resident is to be protected from harm. All of the staff interviewed understand the importance of removing residents when they are in potential danger.

**Standard**

**§ 115.363 Reporting to other confinement facilities.**

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

NRVJDH policies and procedures meet the requirements of this standard. To date, this has not happened, at this facility.

**Standard**

**§ 115.364 Staff first responder duties.**

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

The facility's policy and procedures clearly direct what a staff member is to do if he or she is the first person to respond to an assault. All the interviews with security and non-security staff members confirmed that employees are well trained on what to do in such an event.

**Standard**

**§ 115.365 Coordinated response.**

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

The facility's policies and procedures specify what each department is to do in the event of a sexual assault. In addition to the policies and procedures, the facility also posts the PREA Incident: A Coordinated Response Quick Reference flow chart at various staff locations (i.e., Control Room, supervisors' office).

**Standard**

**§ 115.366 Preservation of ability to protect residents from contact with abusers.**

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

There is no collective bargaining unit at this facility.

**Standard**

**§ 115.367 Agency protection against retaliation.**

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

The policies and procedures of this facility comply with the requirements of this standard. The PREA Coordinator is the designated staff member who monitors retaliation.

**Standard**  
**§ 115.368 Post-allegation protective custody.**

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

The NRVJDH does not have segregated housing.

**Standard Investigations**  
**§ 115.371 Criminal and administrative agency investigations.**

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

As previously stated, there has been one administrative investigation that was unfounded. That investigation was documented in a written report and was conducted by the facility's investigator who is PREA Investigator trained and certified. Procedures for criminal investigations are spelled out the Memorandum of Understanding with the CPD. The decision as to when to refer the case to the Commonwealth Attorney will be made by the CPD.

**Standard**  
**§ 115.372 Evidentiary standard for administrative investigations.**

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

The facility's policies and procedures meet the requirement of the standard.

**Standard**  
**§ 115.373 Reporting to residents.**

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

The facility's policies and procedures specify the notification requirements in this standard. Interviews with the facility Superintendent and Deputy Superintendent confirm the procedure. The residents involved in the investigation were informed that it was an unfounded allegation.



**Standard Discipline**

**§ 115.376 Disciplinary sanctions for staff.**

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

The NRVJDH policy and procedures clearly state that discipline, up to an including termination, is an appropriate sanction for substantiated sexual abuse or sexual harassment.

**Standard**

**§ 115.377 Corrective action for contractors and volunteers.**

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

The NRVJDH policy and procedures clearly state that volunteers and contractors will be terminated and barred from returning to the facility for substantiated sexual abuse or sexual harassment.

**Standard**

**§ 115.378 Interventions and disciplinary sanctions for residents.**

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

The facility's policy and procedures comply with the requirements of this standard. In the one case that was "Unfounded" no disciplinary action was taken against the residents involved.

**Standard Medical and Mental Care**

**§ 115.381 Medical and mental health screenings; history of sexual abuse.**

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

The information required by this standard is captured on the PREA Intake Screening Form Vulnerability Assessment Instrument. This form is reviewed by the Deputy Superintendent and the nurse. If it is acknowledged that there has been a history of prior abuse, the mental health professional will also become involved. The information on this from is available to designated employees, only, on as added needed to know basis.

**Standard****§ 115.382 Access to emergency medical and mental health services.**

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

The interview with the nurse confirmed that residents have timely and unimpeded access to emergency medical treatment and crisis intervention services. A review of the facility's policies and procedures states what is to be done to ensure residents have immediate access to the medical and mental health services.

**Standard****§ 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

The interview with the nurse confirmed that residents have access to continuing medical treatment and crisis mental health services following a sexual assault. A review of the facility's policies and procedures states what is to be done to ensure residents have access to continuing medical and mental health services.

**Standard Data Collection and Review****§ 115.386 Sexual abuse incident reviews.**

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

The facility's Sexual Abuse Incident Review Team is composed of upper-level management officials, with input from shift supervisors, investigators and medical or mental health staff. This team reviews the investigation report and considers the elements in the standard when determining the final outcome of the investigation. The facility's policies and procedures are consistent with the requirements of the standard. Information is entered into the Incident Based Data Collection.

**Standard****§ 115.387 Data collection.**

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

The facility records all data regarding sexual assault and sexual harassment on the Incident Based Data Collection Form. Since there has been only one incident and that was "Unfounded" there has not been anything to report

**Standard**

**§ 115.388 Data review for corrective action.**

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

The NRVJDH has written a one-page Annual Report on its work regarding PREA. While the facility has not had any reported incidents of sexual assault and only one, "Unfounded" allegation of sexual harassment, the report has been able to focus its attention on what the Detention Home has been doing to incorporate PREA into the fiber of the facility. The well written report is available on the facility's Web site.

**Standard**

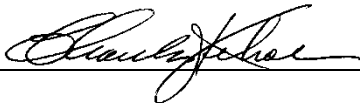
**§ 115.389 Data storage, publication, and destruction.**

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

The Incident Based Data and other PREA data is maintained in a secure file in the Superintendent's office. Only the Deputy Superintendent/PREA Coordinator has access to the data that is collected in the Incident Based Data Collection Form.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

August 1, 2014

Date