

PREA Facility Audit Report: Final

Name of Facility: New River Valley Juvenile Detention Home

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/12/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Kevin Sibley	Date of Signature: 08/12/2020

AUDITOR INFORMATION	
Auditor name:	Sibley, Kevin
Email:	sibleycc@gmail.com
Start Date of On-Site Audit:	07/06/2020
End Date of On-Site Audit:	07/07/2020

FACILITY INFORMATION	
Facility name:	New River Valley Juvenile Detention Home
Facility physical address:	650 WADES LN, CHRISTIANSBURG, Virginia - 24073
Facility Phone:	
Facility mailing address:	650 WADES LN, CHRISTIANSBURG, Virginia - 24073

Primary Contact	
Name:	Erika Raines
Email Address:	erika.raines@nrvidh.org
Telephone Number:	5403810097 ext. 303

Superintendent/Director/Administrator	
Name:	Joseph Young
Email Address:	joe.young@nrvidh.org
Telephone Number:	5403810097

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

Facility Health Service Administrator On-Site	
Name:	Cindy Hauschildt, RN
Email Address:	cindy.hauschildt@nrvidh.org
Telephone Number:	5403810097

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	2
Average daily population for the past 12 months:	6
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:	7-17
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	12
Number of volunteers who have contact with residents, currently authorized to enter the facility:	51

AGENCY INFORMATION	
Name of agency:	New River Valley Detention Commission
Governing authority or parent agency (if applicable):	
Physical Address:	650 Wades Lane, Christiansburg, Virginia - 24073
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Erica Raines	Email Address:	erika.raines@nrvjdh.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The New River Valley Juvenile Detention Home building is situated in Christiansburg, Virginia located at 650 Wades Lane Christiansburg, VA 24073. The auditor was contracted to conduct an audit for the New River Valley Juvenile Detention Home facility on December 19, 2019. Kevin Sibley with Sibley Correctional Consulting LLC (SibleyCC) is the certified PREA auditor contracted to conduct the audit for the facility. Kevin Sibley will be the only auditing personnel to conduct the audit for the duration of the contractual agreement. The contractual agreement for audit services was executed on December 19, 2019. The agreement presents no barriers to completion of the audit for either the facility or auditor. The onsite audit was conducted on July 06-07, 2020.

The New River Valley Juvenile Detention Home facility is monitored by the Virginia Department of Juvenile Justice (DJJ) as a regulatory authority to ensure compliance with Virginia mandated standards for the secure residential housing of juveniles. They are audited on a three-year cycle by the department. The auditor was provided a copy of the last DJJ audit prior to the start of the on-site audit phase. The auditor was also provided a copy of the last PREA audit conducted at the facility on July 19-21, 2017.

Upon acceptance of the contractual agreement by both parties, the auditor and the facility representative agreed that the facility would be using paper instruments and the auditor would be using the Online Audit System (OAS) during the audit process. The use of paper instruments was selected by the facility PREA coordinator because of her level of discomfort using the OAS system.

On May 25, 2020, the auditor conducted an initial conference call with facility personnel to discuss the audit. During this meeting as in previous emails exchanged between the auditor and the facility, staff identified the primary point of contact for the auditor as being the facility PREA coordinator with all communications copied to the facility superintendent. Present during the conference call were both coordinator and superintendent. In the conversation, the auditor discussed with facility staff the audit process and logistics, the importance of accessible policy and documentation to support those policies, access to staff and the facility in general. We also discussed the fact that the auditor would be conducting the audit in a practice-based auditing format. The facility staff were advised what the audit goals and expectations were from the auditor's viewpoint as well as what expectations the facility staff had. The auditor discussed what the process would be in the event corrective action was identified as necessary and what the purpose of such corrective action would be. The facility staff were advised that on-going communication was key to a successful audit process and established a schedule for that communication to take place. Prior to conclusion of the initial conference call, the auditor discussed timelines as outlined in the contractual agreement and requested that deviations to that timeline be presented in written format and copied to all parties. The facility was emailed a copy of the audit process map on April 20, 2020.

During the pre-audit phase beginning on May 25, 2020, the auditor maintained a high level of contact with the facility PREA Coordinator and Superintendent. This contact was by way of using direct phone and email communication to include weekly regularly scheduled conference calls. During this communication, the auditor worked with the PREA coordinator to ensure effective completion of the Pre-

audit Questionnaire (PAQ). The auditor also provided the PREA coordinator with a physical mailing address and direct contact phone for afterhours questions if the need had arisen.

At the beginning of the pre-audit phase, the auditor emailed audit notification posters in digital format in English and Spanish for the PREA coordinator to post throughout the facility. The posters contained information pertaining to confidentiality, dates of the scheduled onsite audit and contact information for staff and residents to communicate with the auditor confidentially. The auditor expressed to the PREA coordinator the importance of any mail or phone communication to the auditor be handled with confidentiality as communication with an attorney or legal mail would be handled. The PREA coordinator posted this notice in both English and Spanish languages in numerous areas of the facility. These locations included all housing units, medical area, gymnasium, intake, dining hall, and other areas that allowed for resident access. The notice was also posted in the front lobby, administration area, staff break room and other areas for staff and public access. The audit notices and the auditor's probationary auditor notification were emailed to the PREA coordinator on April 27, 2020. The auditor received notification with photographic evidence that the audit notification posters were posted throughout the facility on May 22, 2020.

The facility PREA coordinator notified the auditor that they had access to the PAQ on February 24, 2020. The PREA coordinator completed the PAQ on March 25, 2020 with additional adjustments made over the next few weeks. Following submission of the completed PAQ, the auditor reviewed the PAQ as composed and submitted a list of inadequate or missing documentation for the PREA coordinator to address on May 11, 2020.

On May 04, 2020, the auditor emailed the PREA coordinator several logistical questions regarding the audit to which was responded to in a timely manner. Following the submission of the PAQ, the auditor received a thumb drive on May 11, 2020 containing all requested information needed to conduct the pre-audit documentation review. The auditor communicated with the PREA coordinator on numerous occasions regarding the documentation received. During the pre-audit phase of the audit, the auditor requested several other documents either not submitted through the PAQ or where additional supportive information for standard compliance was identified. In addition to the submitted PAQ and thumb drive, the auditor maintained a comprehensive issue log detailing all aspects of the pre-audit phase to include communication, requested information and the responses provided by the facility to these requests. Facility staff provided all requested documentation in response to the auditor's issue log request.

The facility provided a complete list with resident names with gender and age. The facility is a juvenile detention center where all residents are juveniles. At the time of the onsite audit, no residents with disabilities or LEP were in population. At the time of the onsite audit, no residents self-identified as LGBTI. The facility had no residents assigned to segregated housing or isolation. There were no residents that reported cases of sexual abuse in the 12 months prior to the audit. This was documented by a review of all resident grievances filed and through communication with staff. The facility provided copies of both their last PREA audit and DJJ audit reports to the auditor. The facility provided a complete staff roster of all staff to include role assignments, those identified as a specialized role and date of hire. They also provided a list of volunteers and contractors that had contact with residents. Both names and contact information were provided. The facility provided copies of all grievances submitted in the 12 months prior to the audit and all incident reports from the 12 months preceding the audit. There were no hotline calls made during the 12 months preceding the audit, this was verified through an interview with the local sexual abuse advocate representative. At the time of the onsite audit, the number of cases in progress at the time was 0. There were no criminal case investigations or criminal cases referred to prosecution, indicted, convicted, or acquitted. Facility policy states that internal investigators handle all

non-criminal investigations related PREA. Criminal investigations are conducted by the Christiansburg Police Department.

On July 22, 2019, the auditor conducted a scheduled phone interview with a representative from the New River Valley Women's Resource Center. During the interview they stated that there were no hotline calls made in the 12 months prior. Residents of the facility have several ways to contact rape crisis counseling services. They may dial direct to the Women's Resource Center via the resident phone system. The number is provided in signage located directly next to the resident phone. Residents may also write a letter, file a grievance, tell a staff member, or contact through a third party. The auditor was able to test this process by using the resident phone system and contacting the Women's Resource Center.

In addition, the auditor contacted a representative from the Virginia State Hotline of Child Protective Services. The representative of that agency indicated that no reports had been made regarding New River Valley Juvenile Detention Home. For residents that may need SANE/SAFE responsive care, the facility coordinates through an MOU with Carilion New River Valley Medical Center. Over the last 12 months, these services have not been utilized. The auditor attempted on two occasions to contact Carilion New River Valley Medical Center to speak with a facility representative regarding the MOU between the detention facility and the hospital. On both occasions the auditor left a message with the appropriate point of contact but failed to receive a response.

Prior to the onsite audit phase, the auditor conducted online data research regarding New River Valley Juvenile Detention Home. During that research, the auditor did not find any instances of litigation involving the facility, any United States Department of Justice, federal consent decrees, local oversight bodies, news articles, press clippings or other identifiable data that reported or presented the facility in a negative light. The auditor did find that the facility had an internet presence that provided facility information about programming, mission, and purpose of the facility. This data also included information about PREA, reporting of sexual abuse and sexual harassment information and facility leadership. The web site also indicates that the facility and staff are mandatory reporters.

During the pre-audit phase of the audit process, the auditor did not receive any confidential correspondence or phone calls from residents or staff to report any PREA related information.

On Monday July 6, 2020, the auditor arrived at New River Valley Juvenile Detention Home to conduct the onsite phase of the facility audit. The auditor remained onsite through July 7, 2020. On the first day of the audit, the auditor arrived at the facility at 0800hrs and conducted an in-briefing with the facility superintendent, assistant superintendent/PREA coordinator, facility Nurse and HR Staff. During this meeting the audit agenda, methodology and information sharing was discussed to ensure all were onboard. Immediately following the in-briefing, a facility site tour and review was conducted.

The facility is a juvenile secure detention center with 24 beds. The housing units are set up with single person secure cells in each of 2 housing units which are identified as left wing and right wing. All housing units are physically located in a singular building. Facility policy prohibits more than one resident in any cell at any time, residents are never double bunked. Each housing unit has one shower room with 2 or 3 showers in each. In each shower room there is a shower curtain that conceals the shower area affording anatomical privacy. The toilet in the cell is steel construction security style toilet unit with a hot and cold-water sink built into the unit. The unit also has a water fountain feature for resident use. Each housing unit has two wide angle/fisheye lens cameras. These cameras are recorded 24 / 7 by a digital DVR system. The housing unit cameras are part of a facility wide camera system consisting of 42 cameras.

On day one of the onsite audit, the facility population was 3 with one of the two housing units in use. The

average daily population for the facility over the last 12 months was 6. A resident security phone mounted to the wall in the day room area is available for resident use. This phone allows access to community sexual abuse advocate hot line service if they want to report a PREA incident. The resident can make the hot line call for free 24/7. During the housing unit tour, the auditor tested one random phone and made calls to the hot line to verify that the phones worked properly. The auditor was able to speak to the hot line representative. Next to each phone posted in English, were informational signs describing how each resident could contact advocate services and report PREA incidents. Also located in the housing units are concave mirrors located in locations that help avoid potential blind spots in the unit. The auditor did not note any blind spots in the unit that would be susceptible to poor sexual safety. The dayroom area contained one grievance box which residents could confidentially submit grievances. The grievance forms were available to residents at any time the need arises. Residents may also submit a completed grievance to staff or request assistance from staff to help them fill out the grievance. During the 12-month period preceding the audit, 3 grievances were filed. The auditor had the opportunity to visually inspect the grievance box provided for resident to place their grievances in. The box is located conveniently in the dayroom area and accessible by the residents. Once a grievance is placed in the box, the grievance is removed by a shift supervisor at least daily and responded too accordingly. Random conversations with residents during the housing unit tour indicates that the residents are informed regularly that the grievance system is a method by which they can report PREA related sexual abuse and sexual harassment incidents. The auditor also questioned all three residents as to if the grievance procedure was followed and if any had filed a grievance that was not responded too. In each case the resident stated that the grievance procedure was followed and that none had had filed a grievance.

During the tour, the auditor was escorted by the facility PREA coordinator. While on the tour, the auditor took note that numerous PREA posters discussing the pending PREA audit were posted in the facility in both English and Spanish. The posters were posted on bright orange paper in locations that were at eye level and easily read by residents and staff. Also noted were posters / signs that "No means No and Yes is Not Allowed" in both English and Spanish, Break the Silence brochure, sexual assault hotline with phone and address contact information and grievance procedure.

While being escorted by the facility PREA coordinator, the auditor was advised that there would be no school staff available at the facility. The school staff are employees of the local school system. The coordinator went on to state that the school staff would not be returning anytime soon as they are restricted from the building because of the current COVID19 situation occurring. As a result of this issue, the auditor is not able to speak to or interview school staff. In the facilities PAQ, it listed 12 contractors as having access to the facility. Of those 12, 11 are associated with the school and 1 is the local community services board mental health professional.

The auditor also inquired about the 51 volunteers listed in the PAQ. The PREA coordinator stated that that number was listed in error and that the facility had 0 volunteers.

During the auditor's onsite visit, the auditor discussed with the facility superintendent the facilities staffing and supervision practices. The Virginia Department of Juvenile Justice is the regulatory authority that oversees the compliance of state standards for the facility. Its standards mandate that all juvenile residential facilities maintain a ratio of 1:10 during waking hours and 1:16 during sleeping hours. The facilities 1.26 (Staffing Plan and Supervision of children) stipulates that it will maintain a ratio of 1:8 during waking and 1:16 during sleeping hours except during exigent circumstances. The auditor was provided a shift assignments roster that shows staff assigned to four 8-hour shifts covering all 24-hour periods of the day. These shift assignments are structured in such a way as to ensure a 1:8 ratio of staff to residents during waking hours and 1:16 during sleeping hours.

During the tour, the auditor noted that while in housing units, each time a staff member of the opposite gender entered the unit, they made an announcement that a person of the opposite gender was entering. Staff members were seen being interactive with residents in a manner that based on the responses from residents had a positive effect on them. This positive effect is supported by interviews with residents. The auditor also spoke with all three residents regarding their awareness of the audit and the contact information provided in the event they wished to communicate with the auditor confidentially. In each case, the residents were aware of the notices posted and the presence of the auditors contact information. This also was found to be true regarding the staff's knowledge of the audit and the auditors contact information.

The facility was found to be clean and organized within the facility physical plant, conversations with staff and residents supported that the facility has appropriately operating mechanical systems. The auditor defines mechanical systems as plumbing, electrical, HVAC, security, and other related physical plant systems. Residents were observed in housing units, day room activities areas and outdoor recreation. In all cases, all appeared to be well. Following the housing unit inspections, the auditor viewed all other areas of the facility to include kitchen, dining, education, gym, intake, medical visiting professional rooms, training, front entry, mechanical services room, recreation yard (outside), and visitation areas. The auditor notes that record storage whether in the secure area of the facility or outside resident access areas were done so in secure locked file boxes located inside locked offices or file storage spaces. Also noted during the tour, areas of the facility that could be risky areas due sight line obstructions, were compensated for with the use of video cameras and/or concave mirrors placed in strategic locations.

While touring the facility educational office and classroom areas, it was noted that the classrooms did not have PREA postings on the walls. The auditor suggested to the PREA coordinator that this would be an appropriate area for postings. It is also noted that every classroom had cameras placed in the room. The auditor did not note any blind spot areas in the education areas. The auditor toured the facility medical area. In this area it was noted that PREA postings and health related information was posted throughout the area. The nurse on duty spoke with the auditor about the medical examination process and discussed where and how the interview / exam takes place. The auditor asked the nurse on duty how they would deal with a resident that spoke a different language than she could not understand. The nurse responded that the facility uses a language line service to assist with non-English speaking residents. This is supported through interviews with the PREA coordinator. The facility provides medical services by way of a licensed RN that is an employee of the facility. The nurse is present during normal working hours Monday through Friday and on call 24/7. The facility also has a contractual agreement with a doctor that provides services on an as needed basis. In the event a resident needs medical services at a higher level than can be provided in house, the resident is taken to Carilion New River Valley Medical Center.

While conducting the tour, the auditor noted while in intake area that there were no intakes occurring. The auditor did speak with several staff assigned to do intake. The intake staff provided a breakdown of the intake process and procedures. All staff are trained on the facilities "Intake Guide" at their initial training. Additionally, the guide is available to staff in the intake area for reference purposes. In the guide, it outlines in detail all steps needed for completion during a resident intake. When a resident arrives at the intake area, the resident is immediately asked if they have been involved in any unwanted sexual contact in the last 10 days. If the resident states that they have, the intake process stops and a PREA investigation begins. If the resident states that they have not, the intake continues.

The statements provided to the auditor during conversations with staff regarding intake are consistent with facility policy and other interviews conducted with both staff and residents. In every interview with

residents, they indicated that they received information regarding PREA immediately upon arrival at intake. In addition, they indicated that they were shown a video at intake discussing PREA within ten days of their arrival at the facility. Also, during the intake process, the intake staff present an Intake Screening Form "Vulnerability Assessment Instrument". This form asks several questions regarding sexual victimization the resident may have been exposed to prior to their arrival at the facility.

Following the facility tour, the auditor and PREA coordinator began the review of facility documentation requested prior to the onsite audit phase.

The following is a list of requested documentation:

- Complete resident roster
- Residents with disabilities
- Residents who are Limited English Proficient
- Lesbian, Gay, Bisexual, Transgender and Intersex
- Residents in segregated housing
- Residents that reported sexual abuse
- Residents that reported sexual victimization during risk assessment
- Complete staff roster

Specialized staff which includes:

- Facility leadership
- Intermediate or higher-level staff responsible for making unannounced rounds
- Line staff that supervise residents
- Education staff
- Program staff
- Medical staff
- Mental health staff
- SAFE/SANE staff
- Volunteers
- Contractors
- Administrative investigative staff
- Screening for risk of victimization staff
- Segregated housing staff
- Sexual abuse incident review staff
- First responders
- Intake staff

All grievances filed in last 12 months (3)

All incident reports completed in the last 12 months (2)

All allegations of sexual abuse and sexual harassment in the last 12 months including:

- Total number of allegations (0)
- Number determined to be substantiated (0), unsubstantiated (0), or unfounded (0)
- Number of cases in progress (0)
- Number of criminal case investigations (0)

- Number of administrative case investigations (0)
- All hotline calls made in the last 12 months (0)

Of the above list of requested documentation, all was made available and provided for the auditor.

The number of documents provided to the auditor with a breakdown of the documents sampled by the auditor is as follows:

Provided Sampled/Reviewed

- Personnel records 20 / 16
- Volunteer and contractor files 1 / 1
- Training files 20 / 16
- Resident records 25 / 10
- Medical records 10 / 5
- Grievance forms 3 total / 0 PREA
- Incident reports 2 serious / 0 PREA
- Investigation records 0 / 0

During this process, the documentation was concise and maintained in logical order. Throughout the review process, facility staff were accommodating and provided any additional documentation the auditor found necessary for review. Random samplings of all the above aforementioned documents were completed and notated. The auditor made selections of random documents for review without input or direction from any party associated with the facility. The auditor used the PREA Auditor Manual recommendations for sampling decisions. For personnel and training, the auditor selected and reviewed a cross sample of both new and more tenured employees, 6 employees hired within the 12 months prior to the onsite audit and 10 tenured employees with several years' experience. The auditor reviewed resident files based on a selection criterion that included both targeted and random residents. The facility however did not have any targeted resident files for review. During the documentation review, the auditor reviewed 3 incident reports as that was the entire amount of reports filed for the 12 months prior to the onsite visit. Day one of the audit was completed at 1830hrs.

On July 7, 2020, the auditor reported for day 2 of the scheduled audit at 0530hrs. This afforded an opportunity to interview night shift security staff. Following the night shift staff interviews, a briefing of the day's events with the facility PREA coordinator and superintendent was conducted. We had a discussion pertaining to staff currently assigned for duty to the facility. The PREA coordinator presented as requested an accurate roster of staff available for interview on this date. The auditor selected at random 17 staff members for interview and submitted to the PREA coordinator. Of those staff, 7 specialized staff names were selected for interview. The staff random interviews were selected based on the following criteria: date of hire, shift assignment, role, and gender. The specialized staff member interviews were selected based solely of the staff members role within the organization. Since the facility has a small number of specialized staff available, the auditor had to interview several staff members with the use of multiple interview protocols.

In total, the auditor utilized 46 sets of interview protocols while conducting interviews for staff.

The auditor provided a list of staff / roles to be interviewed and conducted the following interviews. The selection criteria the auditor used for selection of staff to be interviewed both specialized and random was based on role assignment, shift assignment and tenure at the facility. Below is that list.

- Number of staff 20
- Superintendent 1
- PREA coordinator 1
- Investigative staff 1
- Incident review team member 3
- Retaliation monitor 1
- Volunteer 0
- Contractor 1
- Volunteer/contractor coordinator 1
- Medical/mental health staff 2
- SANE/SAFE staff 0
- Volunteers/contractors 1
- Human resources 1
- Contract administrator 1
- Mail room staff 1
- Immediate or higher-level staff 3
- Risk screening for victimization/abusiveness 5
- First responder staff 10
- Intake staff 3
- Grievance coordinator 1
- Random staff 10

The Auditor conducted the following number of staff interviews during the onsite phase of the audit:

- Random Staff (Total) = 10
- Specialized Staff* (Total) = 36
- Total Staff Interviewed = 17

*Note: 17 of the 36 specialized staff were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented in the above data exceeds the number of specialized staff interviewed.

Barriers to staff interviews: As a result of the facilities small amount of on duty staff members at a given time, it became apparent that additional interviews would need to be conducted via phone call as the remaining staff needing to be interviewed were not on duty during the auditors time on site.

Arrangements were made with the facility PREA coordinator to schedule the interviews at a time convenient for the facility staff. On July 17, 2020, the auditor conducted a phone interview with one of the two remaining staff. The second staff member had gone home on sick leave with no return date listed.

The auditor selected all present residents for interviews. On the date of resident interviews, the facility had three residents. Of the three residents at the facility, zero had self-identified as in the categories of Lesbian, Gay, Bi-Sexual, Transgendered and/or Intersex. In addition, zero residents had reported prior sexual abuse at intake risk screening or prior. The auditor selected all three residents present in the facility for interview. Of the 3 residents selected for interviews, all three were assigned to the same housing unit. In addition, all three residents were male with no female residents assigned to the facility. The auditor conducted the resident interviews in a room isolated from other residents and staff, but on monitored camera. The selected residents were escorted to the auditor's location.

During the interviews of all staff and residents, it was clear to the auditor that all had received PREA training and demonstrated an adequate knowledge of PREA. It is also noted during the resident interviews that residents all confirmed that PREA is a part of the facility culture and that they knew they could talk to staff because they demonstrated that they cared about the sexual safety of the residents.

During the onsite portion of the audit, the auditor had the opportunity to speak with several staff outside of the staff interview process. Of the staff spoken too, all were well informed about the facility and able to answer any inquiries the auditor made. The staff presented themselves in a professional manner conducive to a well-managed juvenile detention facility.

Following completion of the resident interviews, the auditor conducted an exit briefing with the superintendent, assistant superintendent, compliance manager and PREA coordinator. During the exit briefing, the auditor relayed to the meeting participants the process following the onsite visit and advised future contact would occur to obtain additional information as needed. The auditor advised the participants that the facility staff and residents demonstrated that they were well informed about PREA and that sexual safety was part of the culture here. Upon completion of the briefing, the auditor exited the facility at 1530hrs.

Following the onsite visit to the facility, the auditor communicated with the facility PREA coordinator on several occasions to follow up on information that needed additional thought or consideration. The PREA coordinator provided all requested information in a timely fashion. No corrective action was demonstrated to be needed for the facility because of this audit.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The New River Valley Juvenile Detention Home building is situated in the Christiansburg, Virginia, it is located at 650 Wades Lane, NW Christiansburg, VA 24073. It is a one building inclusive design with no external structures not connected to the building. The facility is licensed by their Virginia regulatory authority The Virginia Department of Juvenile Justice which requires maintaining compliance with state regulations. The licensed population for the facility is juvenile offenders ages 7-17 both male and female. The facility serves the communities of the city of Radford and the counties of Giles, Montgomery, and Pulaski. The facility opened for use in 1974 and has been in operation since that date. The building contains 2 resident housing units, administration, food service, education, front entrance lobby, medical, intake, visitation, gymnasium, and outdoor recreation areas. All resident housing areas are designed with single cell housing to accommodate 24 residents with only 1 of the 2 units currently in use. The remaining unit is in ready to use condition when needed. The average daily population of the facility during the 12 months preceding the audit is 6. On the first day of the onsite audit, the facility population was 3 residents. Facility population demographics breakdown on day one of onsite audit is as follows: 3 white. The gender breakdown is as follows: 3 male and 0 females. The resident supervision and facility operations are staffed with 13 full time staff positions with 0 current vacancies. In addition, the facility has 7 support positions, this number included administration and management for a total compliment of 20 staff. The facility has two primary programs, pre and post dispositional juvenile secure programs that have both male and female resident ages 7-17. Both programs are direct supervision security style programs. These programs are staffed by trained juvenile detention personnel that are mandated reporters. The facility culture, as directed by the facility superintendent, stipulates that resident sexual safety is of paramount importance. The facility has programming designed to educate the residents regarding PREA and shows a commitment to promoting sexual safety through a well-designed facility culture. The facility has a color digital camera system installed and integrated with its security control system. The camera system has 42 cameras that record 24/7 and archive data for a period up 60 days. In the event an incident occurs, video can be archived indefinitely by staff. The camera system is monitored 24/7 by assigned staff. The auditor reviewed the areas where the camera system is located. The auditor was able to request the assigned staff member to show the camera system and call up recorded data. The facility is constructed in a secure architectural manner and designed to house secure residential placements. It has 2 housing units, intake, medical food service, gym, education, recreation yard, visitation, and administration. Administration area is outside of the secure sections of the facility. This area is also where the front entry is located. Also located in this area are staff breakroom area. Facility residents receive in house medical services from on staff nurse and a contracted doctor that comes as needed. In addition, mental health services are available on site to meet the mental health needs of residents. A licensed mental health professional employed by the local community services board comes to the facility at least 2 or more days a week and meets with each resident. In the event a higher level of care is required, outside services can be scheduled and utilized. Residents are provided a full implement of personal hygiene items, educational materials, clothing, recreational activities, large muscle group activities, and training about PREA. The facility has an outside recreational area as well as smaller courtyards used for large muscle group activities for the residents.

Facility residents are afforded opportunities to use the resident phone system and regular access to both personal and legal mail services. This access provides additional opportunities aside from family visitation to maintain contact with loved ones. The building is maintained in a clean and functional manner with sexual safety clearly in mind. Blind spots, using cameras (42 in total), staffing and controlled movement are mitigated with an ongoing review process to ensure continued safe residency by the children. The facility Mission reads: 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.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

The New River Valley Juvenile Detention Home staff provided the auditor with all appropriate documentation, supportive practices which were verified through a physical tour of the facility and interviews with staff and residents to demonstrate compliance. Through this process, the auditor has found the facility to be in compliance with 41 PREA standards. Two standards were not applicable to this facility 115.312 and 115.366. The auditor finds that all other standards were complied with.

Number of findings – Exceeds Standards: (2)

113.331, 113.387

Number of findings – Meets Standards: (41)

115.311, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.388, 115.389, 115.401, 115.403

Number of findings – Does Not Meet Standards: (0)

Number of findings – Not Applicable: (2)

115.312, 115.366

The auditor finds no areas of non-compliance and no need for corrective action on the part of the facility.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. The New River Valley Juvenile Detention Home provided the auditor the facility policy located within their Policy manual. The policy 1.12 Prohibited Practices indicates on page 1 that the facility has an approach to implementing the Federal PREA standards; that it has a zero-tolerance approach towards all forms of sexual abuse and sexual harassment for both staff and residents. During the audit, the auditor had opportunity to see firsthand the facilities implementation in this area. This is supported through interviews with staff and residents, review of training material and facility tour and observations. In addition, during interviews with residents, all indicated that the staff speak to them frequently about PREA and express the importance of them knowing they are safe and can report anything to them.</p> <p>b. The facility has a designated PREA coordinator that has sufficient time and authority to implement and oversee facility efforts to comply with PREA standards. The coordinator is directly involved with decision making regarding PREA. The auditor took note during interviews with the PREA coordinator that they stated that they had enough time to actively handle the role of coordinator and was granted the authority by administration to take the steps required for continued implementation. In addition, through facility observation during tour, the auditor noted that the coordinator is well known by both residents and staff. When staff were interviewed regarding PREA, they all knew the appropriate point of contact by name.</p> <p>c. The New River Valley Juvenile Detention Home facility is a singular operation for the commission they operate under located in Christiansburg, Va. The PREA coordinator serves a dual role in this capacity as both coordinator and compliance manager. As a result, this standard section is not applicable.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home PREA Manual</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Organizational Chart</p> <p>Interview with facility PREA coordinator</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The New River Valley Juvenile Detention Home does not contract with outside entities to provide housing for its residents. The facility is a singular operation with no other facilities operating under its organization.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy Manual</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with PREA coordinator and facility superintendent</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>New River Valley Juvenile Detention Home operates one facility. The facility submitted to the auditor an updated staffing plan dated November 20, 2019. This plan demonstrates the facilities efforts to comply on a regular basis in providing adequate levels of staffing and where applicable, video monitoring, to protect residents against abuse.</p> <p>a. The updated plan was predicated on an average daily population of 6. In addition, the auditor was provided a shift assignments roster that shows staff assigned to four 8-hour shifts covering all 24-hour periods of the day. These shift assignments are structured in such a way as to ensure a 1:8 ratio of staff to residents during waking hours and 1:16 during sleeping hours. At the time of the on-sight audit, the facility had a total of 13 full time positions designated for childcare roles with 0 of the 13 vacant. The facility at the time of the onsite audit had one housing unit open with 3 residents assigned to the unit. In the unit the auditor witnessed at least 2 or more staff assigned to the unit. The assigned staff remain with the unit's assigned residents and proceed to stay with them if the residents leave the unit for school, recreation, or other activities. While conducting the facility tour, the auditor witnessed that 2 cameras are installed in each housing unit. Also, during the tour the auditor witnessed facility staff controlling and viewing the cameras throughout the facility to include those installed in the living units. During resident interviews, all residents indicated that staff are always present when they are out of their respective cells during waking hours. During sleeping hours residents state that staff make frequent checks during the night.</p> <p>b. The facility reports that at no time has the staff to resident ratios been violated either during waking or sleeping hours. Even though the facility reports no violations, it does have policy in place that mandates the documentation of such an instance of a non-appropriate ratio. The Virginia Department of Juvenile Justice is the regulatory authority that oversees the compliance of state standards for the facility. Its standards mandate that all juvenile residential facilities maintain a ratio of 1:10 during waking hours and 1:16 during sleeping hours. The facilities 1.26 Staffing Plan and Supervision of children stipulates that it will maintain a ratio of 1:8 during waking and 1:16 during sleeping hours except during exigent circumstances.</p> <p>c. The staffing plan submitted to the auditor details the following considerations each year the staffing plan committee meets. The facility PREA coordinator is always part of the staffing plan review process.</p> <ul style="list-style-type: none"> ● generally accepted secure residential practices are met, facility administration participates in outside juvenile detention related groups where education and training are received that provide current best practices. ● findings of inadequacy are addressed: in the event inadequate finding are revealed, facility administration takes immediate action to address these issues. ● adequate numbers of Supervisory personnel: staffing numbers are reviewed annually or as needed to increase the full-time employees' numbers. ● physical plant inadequacies such as "blind spots" on video monitoring systems are

addressed to the maximum extent possible: repairs or replacements are evaluated, and action taken when needed. Since the last audit, the facility has added four cameras and several mirrors to address blind spots.

- responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location with certain personnel or as pertaining to other factors: assessments are made on an on-going basis to address areas of concern.
- programs occurring on a shift: on the occasion programming needs arise that require additional staff participation, staff are reassigned to that shift to accommodate the program needs.
- the composition of the resident population: Staffing needs are assessed annually to determine if additional staff resources are needed.
- applicable state and federal laws and regulations and any other relative factors: facility administration monitors changes or additions to laws. Standards and regulations and adjust as needed.

d. The facility employs management staff with authority to conduct unannounced rounds on each of its four shifts. The facility submitted for review numerous data log entries that demonstrate supervisory unannounced rounds having taken place. Facility Policy 1.26 Staffing Plan and Supervision of children stipulates that unannounced rounds are required to be conducted during both day and night shifts at a frequency that will identify and deter staff sexual abuse and sexual harassment and will not demonstrate a predictable pattern for any shift. These rounds are done in such a way that they are not predictable by staff. Staff are not allowed to warn other staff that rounds are being conducted. The auditor witnessed on two occasions during the onsite audit management staff making unannounced rounds.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home PREA Staffing Plan (Dated November 1, 2019)

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

New River Valley Juvenile Detention Home Policy 1.26 Staffing Plan and Supervision of children

New River Valley Juvenile Detention Home facility auditor tour

New River Valley Juvenile Detention Home supervisor unannounced rounds logs

New River Valley Juvenile Detention Home shift assignments roster

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In the facility submitted Pre-Audit Questionnaire (PAQ) the facility indicated that they do not conduct cross gender strip or cross gender visual cavity searches of residents. In the facilities Policy 6.03 Searches Limits to cross-gender viewing and searches, it indicates that Detention Specialist or Supervisors must be fully justified, documented, and immediately reported to the Secure Detention Administrator. Also, that same policy states that the facility shall not conduct cross-gender visual body cavity searches except when performed by medical practitioners only. Such body cavity searches must be fully justified, documented, and immediately reported to the Secure Detention Administrator. During interviews with staff and residents, the auditor questioned staff and residents if they were aware that staff could not conduct cross gender strip or visual strip searches of residents as outlined in facility policy. In every instance, all staff and residents indicated that they were aware of the policy. Additionally, the auditor asked each resident if they had been searched by a staff member of the opposite gender and they all stated no.</p> <p>a. The facility reports in the PAQ that in the past 12 months it has had zero instances of cross-gender strip or cross-gender visual body cavity searches of residents. The facility also reports that it has had zero instances of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff. Interviews with staff members verify that the facility has this policy in place and that staff are aware of it.</p> <p>b. Facility Policy 6.03 stipulates that the facility shall not conduct cross-gender visual body cavity searches of female residents absent exigent circumstances. The facility reports that it had zero incidents of cross-gender visual body cavity searches of female residents absent exigent circumstances. Interviews with staff members verify that the facility has this policy in place and that staff are aware of it.</p> <p>c. The facility stipulates that it has had no instances of cross-gender strip searches and cross-gender visual body cavity searches in the 12 months preceding the audit. Facility Policy 6.03 states that all such circumstances shall be full documented. Interviews with staff members verify that the facility has this policy in place and that staff are aware of it.</p> <p>d. Facility Policy 6.03 also indicates that it shall adhere to establish 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities such as group homes, that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing . The auditor had the opportunity to interview residents and ask if they were always afforded privacy during periods of undress. In each instance residents responded that did always receive privacy when in periods of undress. Residents also indicated when asked by the auditor if staff members of the opposite always announce their presence when entering</p>

an area that houses residents of the opposite gender. In every case the resident responded in the affirmative.

e. Facility Policy 6.03 states that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. The facility indicates in the submitted PAQ that it has had zero instances of such searches. The facility indicates in the PAQ that 100 percent of its security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The auditor reviewed a sampling amount of training records and training curriculum as presented for review by the facility for staff. All staff reviewed have received training as indicated by the facility response. In addition, during staff interviews staff indicated that they had received both initial and refresher trainings on PREA. The auditor interviewed 3 residents who also replied in the affirmative to if they were aware staff could not conduct cross-gender searches of them just to determine sexual gender.

f. The facility reports that 100% of staff received training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor had the opportunity to interview 10 randomly selected staff. All interviewed stated they had received training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. A review of the same staff training records verified that they had indeed been trained.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

New River Valley Juvenile Detention Home Policy 6.03 Searches

New River Valley Juvenile Detention Home personnel records (training)

Interviews with New River Valley Juvenile Detention Home security staff

New River Valley Juvenile Detention Home training curriculum and training attendance rosters

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a. Facility Policy 3.10 Prohibited Actions and Detainee Rights, states that the facility will take steps to ensure that residents with disabilities will have adequate and equal opportunity to participate in the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Facility literature regarding PREA is created in an understandable presentation suitable for residents of the age and their level of understanding. This is supported through interviews with residents that indicate that they understand PREA in the manner it is presented to them in the facility</p> <p>b. The auditor was presented with printed material in both English and Spanish languages describing the facilities approach to PREA. During the facility tour, the auditor found this material to be available in each housing unit and other areas of the facility. The auditor interviewed 3 residents, all of which indicated that they were aware that PREA related material was available to them in both English and Spanish and that if they had difficulty understanding, staff were there to assist them. The facility also provides language interpreters using a telephone language line service. The language line service is available 24/7 on an as needed basis, no contractual agreement is required.</p> <p>c. Facility Policy 3.10 states that the facility will not rely on resident interpreters, readers, or other types of resident assistants except during circumstances where a delay could compromise a resident’s safety, the performance of first response duties or investigation of allegations. The auditor had the opportunity to interview one resident with cognitive disabilities. During the interview, the auditor asked the resident if they were any issues understanding PREA as it was presented upon arrival at the facility. The resident indicated that they had a good understanding and that the staff were every helpful in explaining PREA to them. The resident also stated that they had received this information within a couple hours of walking through the door at intake. The auditor also interviewed 10 random staff members and asked if they understood their responsibility to assist resident with limited abilities and they all stated in the affirmative.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 3.10 Prohibited Actions and Detainee Rights</p> <p>Interviews with facility superintendent, PREA coordinator, security staff and residents</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.317	Hiring and promotion decisions
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1484 660">a. The facility Policy 1.03 Employment Requirements states the facility will not hire or promote any person that has engaged in sexual abuse in any confinement or residential facility, been convicted of engaging or attempting to engage in sexual activity in the community by force or coercion, or if the victim did not consent or was unable too, or have been administratively adjudicated to have engage in these activities. The auditor reviewed 16 staff personnel files. In each file an employee was asked about prior conduct and requested to fill out a form that asked questions directly pertaining to the content of this standard. In each case staff had answered the questions and signed and dated the document.</p> <p data-bbox="252 694 1476 952">b. It is facility Policy 1.03 that states all prospective employees, contractor, and volunteers that will have contact with residents be required to complete facility form related to PREA sexual misconduct form, and the PREA institutional employment disclosure form. The auditor conducted an interview with the facility HR manager, the managers responses support that it is practice having all prospective employees or personnel that will work with residents complete these forms.</p> <p data-bbox="252 985 1476 1276">c. It is the facilities practice under Policy 1.03 to conduct criminal background checks on all individuals that have contact with residents. Also, the facility checks Child Protective Services Registry. The facility Human Resource Manager also checks with prior institutional employers of new employees regarding substantiated allegations of sexual abuse or resignation during a pending investigation for sexual abuse. The auditor reviewed a random selection of all employees hired in the 12 months preceding the audit. In each case reviewed the employee had complete background checks done.</p> <p data-bbox="252 1310 1444 1612">d. Facility Policy 1.03 states that all contractors will have criminal background checks conducted. The facilities schoolteachers are in direct contact with facility residents. The teachers are required to have full backgrounds completed and disclosed to the facility HR department prior to working with residents. Of the teachers, all had criminal background checks completed. This was verified by the auditor during records review and interview with facility HR manager. In addition, the auditor confirmed that the facilities Mental Health Professional that comes to the facility also had a completed background check.</p> <p data-bbox="252 1646 1460 1814">e. Facility practice is to conduct background checks on all employees, contractors, and volunteers at the initial point of hire and at least one time every five years. The auditor reviewed staff personnel files and found that they consistently in every case had background checks done at the initial point of hire and again within five years following time of hire.</p> <p data-bbox="252 1848 1452 2016">f. Facility Policy 1.03 states that each employee must report any misconduct immediately to facility administration. Also, employees are required to disclose previous misconduct. The auditor, through an interview with the facility HR found that this standard compliance is supported by the responses given and backed up by a review of documentation.</p> <p data-bbox="252 2049 1460 2139">g. Facility Policy 1.03 states that material omissions regarding such misconduct are grounds for termination from employment. A review of facility policy supports compliance to this</p>

provision.

h. Facility Policy 1.03 states that the facility will provide information on substantiated allegation of sexual abuse and sexual harassment to any inquiring juvenile detention or institutional employer conducting a background check. A review of facility policy by the auditor supports compliance to this provision.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

New River Valley Juvenile Detention Home Policy 1.03 Employment Requirements

Interviews with facility Human Resource Manager

Review of facility personnel file documentation

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. The New River Valley Juvenile Detention Home facility has not opened a new facility or conducted an expansion of their existing facility. This provision is not applicable</p> <p>b. Since the last facility PREA audit in 2017, the facility has installed new cameras not previously in place at the time of the last audit. The cameras and additional placed security mirrors have been placed in locations identified by the facility to have potential blind spots that could lead to an unsafe environment for sexual safety.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interviews with facility superintendent</p> <p>Facility tour observations</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 4.03 Suspected Child Abuse and Neglect states that the facility will follow a uniform procedure that maximizes the collection of usable evidence that may be use in the prosecution of criminal and administrative proceedings. The facility conducts all administrative investigations in house. All criminal level investigations are turned over to the Christiansburg Police Department. The auditor had the opportunity to interview 10 random staff. During those interviews, all staff were aware of the facilities commitment to the collection of usable evidence. Staff were aware of their obligation as a staff member to ensure to the extent possible that they facilitated this collection.</p> <p>b. Facility Policy 4.03 states that the protocol developed shall be suitable for youth and adopted from the most recent edition of the US Department of Justice Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similar comprehensive guide developed after 2011. Facility Policy 4.03 states that the Christiansburg Police Department shall conduct all criminal investigations of sexual abuse or misconduct. A call from the auditor to the Police Department was unsuccessful as no return call was received after three attempts.</p> <p>c. Facility Policy 4.03 states that all residents who experience sexual abuse shall have access to forensic medical examinations. The facility has established an agreement with the Carilion New River Valley Medical Center located in Christiansburg, VA. To conduct such examinations. The auditor had the opportunity to speak with the hospital representative available to confirm that the hospital does indeed provide these services to the detention center. The facility stated in the PAQ that the number of forensic medical examinations completed in the 12 months prior to the audit was zero. The number of exams provided SAFE/SANE's in the 12 months prior to the audit was zero. The number of exams provided by qualified medical practitioner in the 12 months prior to the audit was zero. Interviews with facility medical staff and local community advocate confirms this data. No resident at the facility during the 12 months prior to the audit have been subjected to sexual abuse. Facility Policy 4.03 states that the forensic medical examination will be done at no cost to the resident. A review of facility policy and completed investigations supports the facility statements.</p> <p>d. Facility Policy 4.03 states that the facility will provide access to a qualified staff member from a community-based organization rape crisis center for victim advocacy. The facility has entered into an agreement with the Women's Resource Center of New River Valley to provide victim advocacy service for residents of the facility. The auditor had the opportunity to interview a representative for the Women's Resource Center. In that interview it was confirmed regarding the agreement in place between the two agencies. The representative also states that the counselors are licensed and qualifies to conduct such services. The crisis center is available 24/7 via the in-house resident hot line phone number. Residents can access this contact by dialing 540-357-0987 or 800-552-7096 on the resident phone.</p> <p>e. Facility Policy 4.03 states that at the request of the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and</p>

investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor had the opportunity to interview the facility PREA coordinator regarding this matter. The coordinator answered in the affirmative that they were aware of this obligation. During the last 12 months prior to the audit, of the cases reported to alleged sexual abuse, residents interviewed stated that they were offered to the opportunity to contact services to discuss the matter or request help. In each case, all residents declined the opportunity.

f. Facility Policy 4.03 states that to the extent the facility itself is not responsible for investigating allegations of sexual abuse, they shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The facility has an MOU between the Christiansburg Police Department and the facility. In that MOU it states that the Police Department will follow standard language from provision a through use of this standard. The auditor reviewed this MOU and designates that it meets the requirements of this standard.

g. Facility Policy 4.03 states that the requirements of paragraphs a-f of this section shall also apply to any state or federal agency who conducts investigations of sexual abuse and sexual harassment. The auditor verifies that the facility policy contains this language. Interviews conducted with the facility PREA coordinator confirms this practice.

h. The facility has a current MOU with Carilion New River Valley Medical Center to provide a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The MOU outlines the medical center's responsibilities to conduct forensic medical examinations when needed.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

Newport New Juvenile Secure Detention Policy 4.03 (Suspected Child Abuse and Neglect)

Interviews with PREA coordinator and random staff

Evidence Protocol

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. New River Valley Juvenile Detention Home has a Policy 3.05 Detainee Grievance Procedures that stipulates it will ensure referrals of allegations of sexual abuse and sexual harassment shall be investigated either administratively and/or criminally. The facility indicated in the PAQ that it had 0 allegations of sexual abuse during the last 12 months that had been submitted. There were no allegations referred for criminal prosecution. A review of the resident's grievances submitted in last 12 months, interviews with residents and staff, all confirm that there were no cases reported. The auditor also had the opportunity to interview the facility superintendent and PREA coordinator regarding any possible investigations, in both interviews they stipulated that the facility did not have any reported allegations. They also indicated that if there were reported allegations, they would be immediately and thoroughly investigated.</p> <p>b. In facility Policy 3.05 it states that it shall refer allegations of sexual abuse or sexual harassment to the Christiansburg Police Department for investigation. The Christiansburg Police Department has the legal authority to conduct criminal investigations. All cases that are referred to the Christiansburg Police Department shall be fully documented. The auditor conducted an interview with the facility PREA coordinator, who is responsible for conducting administrative investigations at the facility. The coordinator confirms that the referrals are documented when they were to occur. As a result of no referrals occurring, no documentation of such referrals was available for review by the auditor.</p> <p>c. The facility indicates that it publishes on its website and on printed materials its compliance with PREA and that all allegations of sexual abuse or misconduct shall be referred to the Christiansburg Police Department for investigation. The auditor reviewed the facilities web site for such information. On the web site which can be found at https://www.nrvjdh.org/prea-policy/ it discusses staffs duty to report, purpose of the PREA act, Zero tolerance policy, a link for policies to ensure referrals of allegations for investigations, standards, 2017 final audit report, annual reports, third party reporting, staff and resident PREA handbook and PREA brochures. New River Valley Juvenile Detention Home post on their website the obligation of the Christiansburg Police Department to conduct criminal investigations. In addition, the Christiansburg Police Department information can be seen on their website.</p> <p>It should be noted that the auditor is not required to audit provisions (d) and (e) of this standard.</p> <p>Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 3.05 Detainee Grievance Procedures</p> <p>Interview with New River Valley Juvenile Detention Home PREA coordinator</p> <p>New River Valley Juvenile Detention Home facility web site: https://www.nrvjdh.org/prea-policy/</p>

Christiansburg Police Department MOU

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.331	Employee training
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1468 907">a. Facility Policy 1.03 Employment Requirements states that the agency will train all employees who may have contact with residents on the following: zero-tolerance, responsibilities for detection, prevention, reporting and response regarding sexual abuse and sexual harassment. Training will be received regarding resident rights to be free from sexual abuse and harassment, retaliation, juvenile facility dynamics of sexual abuse, how to detect and respond to signs of abuse, difference between consensual and abuse, avoidance of inappropriate relationships, effective professional communication with residents including LGBTI or gender non-conforming residents, compliance to applicable laws and age of consent. The auditor interviewed 10 random staff and asked if they had received training on the material covered by this provision. All staff answered in the affirmative. The auditor reviewed training records for 16 staff members to check if staff had been trained on PREA during the last 12 months prior to the onsite audit. In each instance staff either had received initial PREA training or a PREA refresher course. A review of the training curriculum and facility policy support compliance in this provision.</p> <p data-bbox="252 952 1468 1332">b. The training received by facility is tailored to the gender and age group of the residents at the facility. The facility houses both male and female residents. The facility is licensed for ages 7-17. The auditor reviewed the training curriculum submitted by the facility and found it to appropriate for the age and gender of the facility population. A review of training files for staff indicate that each staff member receives an initial training at point of hire and a refresher at least one time each year. The auditor found that 100% of the training files reviewed had the appropriate documentation for training of staff. It should be noted that during the interview portion of the audit, both residents and staff all indicated that PREA training occurs frequently at the facility.</p> <p data-bbox="252 1377 1468 1713">c. Facility Policy 1.03 states that all new employees shall receive specialized PREA training at their initial orientation. Each employee is asked to sign that they have received a copy of the PREA manual and training. Each employee also receives an additional refresher training each year. The auditor interviewed 10 random staff in child care roles, each staff person indicated that they has received the training at point of hire and for those staff that had been employed at the facility for more than a year, they has also received refresher training. The auditor also reviewed all staff that were hired in the 12 months prior to the onsite audit. In every case, the staff member had received initial PREA training.</p> <p data-bbox="252 1758 1468 1960">d. The facility documents all employees that have contact with residents that they understand the training they have received and that it is verified by their signature. The auditor reviewed all new hires for the 12 months prior to the onsite audit and found that 100% of staff had received PREA training and understood what they had received. This is acknowledged by their signature and date of signature.</p> <p data-bbox="252 2004 1468 2072">Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p data-bbox="252 2116 1117 2150">New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p>

Newport New Juvenile Secure Detention Policy 1.03 Employment Requirements

Interviews with staff in childcare roles and PREA coordinator

Auditor review of training curriculum

Corrective Action

The auditor has determined that the agency exceeds standard with this provision. No corrective action is required.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 1.03 Employment Requirements states that all volunteers and contractors that have reason for contact with the residents will be trained on their responsibilities under PREA. The auditor had opportunity to interview 1 contractor. The contractor indicated that they had received PREA training from the facility. A review of training files supports this. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. During the 12 months prior to the onsite audit, the facility states that it trained 1 volunteers/contractors. The facility submitted to the auditor the training presentations given to the volunteers and contractors. This material is consistent with requirements of this provision. On the date of the facilities onsite audit and for the preceding 12 months prior, the facility had no volunteers.</p> <p>b. Facility Policy 1.03 states that all volunteers and contractors shall receive the type and level of training necessary based on the services they provide and level of contact with residents. It also stipulates that all volunteers and contractors shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor interviewed one contractor. The Contractor indicated that they had received PREA training and that they were advised of the zero-tolerance policy. The auditor reviewed training documents submitted by the facility, those documents show training received by the contractor with signatures and date on the forms.</p> <p>c. The facility maintains documentation that each volunteer and contractor has received their PREA training and understands the training received. This documentation is signed and dated by the respective volunteer or contractor. The auditor reviewed documentation submitted by the facility and finds it is in compliance with this provision.</p> <p>Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Newport New Juvenile Secure Detention Policy 1.03 Employment Requirements</p> <p>Interviews with contractor and PREA coordinator</p> <p>Auditor review of training curriculum and documentation</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>a. Facility Policy 3.02 Admissions, Orientation and Release states that during the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility states in the submitted PAQ that 75 residents were admitted in intake and provided this information. Of the 75 residents admitted to intake, 100% received this information at intake. The information presented the residents at intake is presented in age appropriate fashion that makes sense to the facility population. The auditor verified compliance with this standard by conducting interviews with 3 residents all of which confirmed that they had received this information a manner that they understood. Each resident stated they received the information almost immediately on day of arrival at intake. This information is also verified by a review of resident intake records and interviews with staff.</p> <p>b. It is facility Policy 3.02 states to administer PREA education at time of intake. The facility reports that 75 residents were received at intake and 100% of them received this information at that time. This is verified by resident interviews, interviews with staff assigned to work intake and documentation of the resident intake.</p> <p>c. The facility reports that 100% of resident received PREA information covered in the provision at initial intake. This is supported by auditor review of signatures of 15 random intake residents' files and by interviews conducted by the auditor with residents and intake staff.</p> <p>d. The agency shall provide resident education in formats accessible to all residents to include limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility presented to the auditor for review documentation that consisted of a Spanish version PREA Brochure. Also, the facility utilizes a paid service language line in the event a language not covered by English or Spanish is needed. Staff are available 24/7 to assist residents that may be hearing or visually impaired. The auditor reviewed the documents presented by the facility and finds that the information presented in Spanish format is consistent with the required information from this provision. The auditor converted the presented Spanish version samples to English format so the auditor could digest the information.</p> <p>e. The facility maintains documentation at intake that residents are offered this information in a format necessary to ensure understanding of the information. Residents are afforded assistance when needed. The auditor reviewed 10 random resident intake records to verify that signatures and dates were present. In 100% of those records, this was found to be true.</p> <p>f. While conducting the facility tour, the auditor noted that PREA related posters and information were located throughout the facility and available to residents. During interviews with residents in each instance, all indicated that PREA information was always available to them and that staff aided whenever needed. Residents have a resident handbook that details PREA information and brochures are available throughout the facility. When asked how often</p>

they are provided training, all residents indicated that training occurs weekly in the form of a group discussion about PREA.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

New River Valley Juvenile Detention Home Policy 3.02 Admissions, Orientation and Release

Auditor review of resident education materials

Interviews with direct supervision staff and residents

Interviews with PREA coordinator

Auditor review of resident intake records

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.334	Specialized training: Investigations
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 784">a. In addition to the general training provided to all employees, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The facility reports that it conducts administrative investigations only. It also reports that all criminal investigations are conducted by the Christiansburg Police Department. The facility has a MOU that outlines this agreement. Administrative investigations are completed by the facility PREA Investigator who has received training in conducting such investigations in confinement settings. This is verified by NIC training certificates and Moss Group trainings submitted to the auditor for review. The MOU between the facility and the Christiansburg Police Department also outlines the requirement of this provision. The auditor interviewed the PREA coordinator and facility investigator to verify that the training had been received.</p> <p data-bbox="252 828 1484 1120">b. Facility Practice demonstrates that techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor reviewed the training curriculum presented by the National Institute of Corrections and the documentation of training submitted by the PREA coordinator. This was also verified during the interview with the PREA coordinator and facility investigator.</p> <p data-bbox="252 1164 1484 1321">c. The facility maintains accurate and up to date training logs for all staff training. The auditor reviewed staff training records for one staff member, the facility only has one PREA investigator in house and is clearly documented in the staff training file. The documentation is signed and dated by the staff member.</p> <p data-bbox="252 1366 1484 1478">d. The Christiansburg Police Department conducts all criminal investigations for the facility. The facility has an MOU with the Police department that outlines the requirements of this provision. The auditor has reviewed the MOU.</p> <p data-bbox="252 1523 1484 1601">Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p data-bbox="252 1635 973 1668">New River Valley Juvenile Detention Home training files</p> <p data-bbox="252 1713 766 1747">Christiansburg Police Department MOU</p> <p data-bbox="252 1792 1133 1825">New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p data-bbox="252 1859 670 1892">Interview with PREA coordinator</p> <p data-bbox="252 1937 630 1971">Review of training curriculum</p> <p data-bbox="252 2016 502 2049">Corrective Action</p> <p data-bbox="252 2083 1484 2150">The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>



115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a. Facility practice demonstrates that 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 sexual abuse and sexual harassment, preserve physical evidence or abuse, effective response in a professional manner, and how and to whom they should report incidents of sexual abuse and sexual harassment. The auditor interviewed one medical nurse and one mental health care professional regarding training received pertaining to PREA, in both cases, the appropriate training that meets the requirements of this provision were done and fully documented in training files. Of the two medical and mental health staff at the facility, 100% received this training.</p> <p>b. Facility medical staff do not conduct forensic examinations of residents. The facility transports residents in need of a forensic exam to Carilion New River Valley Medical Center located in Christiansburg, VA. This provision is not applicable.</p> <p>c. The facility maintains copies of training pertaining to this standard on file at the facility. The facility nurse is a full-time employee and the mental health staff person is from the local Community Services Board. The auditor observed this documentation and conducted interviews with both a medical staff member and mental health professional, both of which confirmed that the training had been received and documented.</p> <p>d. Facility medical and mental health staff receive at a minimum the curriculum for facility contractors, in addition they receive the same training curriculum as the facility staff do. The auditor interviewed both a medical staff member and mental health care staff member, both staff stated they had received the same training as staff. This training is documented with facility training files.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home practice for specialized training of Medical and Mental Health Care</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with medical and mental health care staff</p> <p>Review of training files</p> <p>Review of training curriculum</p> <p>Interview with PREA coordinator</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 3.02 Admission, Orientations and Releases states that within 24 hours of the resident's arrival 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. The facilities policy requires that residents be screened for sexual victimization at the initial intake. During the last 12 months prior to the onsite audit, 59 residents who stayed at the facility for 24 hours or more were screened within 24 hours of intake. In addition, it is facility policy that each resident be reassessed every thirty days or less by facility staff. This is verified through review of resident intake records and thirty-day reassessments forms. The auditor found this to true in 100% of the cases reviewed. The auditor interviewed three intake staff members and one intake supervisor, in all cases staff confirmed that residents are screened at initial intake and every thirty day or less following intake.</p> <p>b. Facility Policy 3.02 states that such assessments shall be conducted using an objective screening instrument. A review by the auditor of the screening instrument used at intake and the subsequent follow up review every thirty days or less proved to be consistent. The facility submitted to the auditor the form in current use. The form is also outlined in facility policy. This form is consistent with those found by the auditor during resident intake file review.</p> <p>c. Facility Policy 3.02 states that at a minimum, the facility shall attempt to ascertain information about: prior sexual victimization or abusiveness; and other standard specific information to accurately assess the resident. The auditor interviewed three intake staff members and one intake supervisor, all staff indicated that they the information on the assessment form was utilized at each intake assessment and again at the reassessment done every 30 days or less. The facility nurse conducts all thirty-day assessments on each resident.</p> <p>d. Facility Policy 3.02 state that information shall be ascertained by having conversations with the resident during intake, medical and mental health screening, and classification assessments. Also, every thirty days by the facility nurse and more often by the local Community Services Board personnel, each resident is reassessed within thirty days of their initial intake. The auditor through document review and interviews with intake staff, facility nurse and Community Services Board mental health professional verified compliance with the provision.</p> <p>e. Facility Policy 3.02 states that facility staff shall maintain caution in the dissemination of information obtained during screening. Staff are to ensure that the information is not used in a way that causes detriment to the resident by staff or other residents. This understanding is verified by the auditor through interviews with staff and mental health professional.</p>
	Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.
	New River Valley Juvenile Detention Home Policy 3.02 Admission, Orientations and Releases

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

Interview with intake screening staff, intake supervisor, PREA coordinator, facility Nurse and Community Services Board mental health professional

Review of screening instrument

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>a. Facility Policy 3.02 Admission, Orientations and Releases states that the facility shall use all information obtained from the Risk Assessment tool to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The auditor interviewed intake staff responsible for the initial assessment of residents at intake. All staff stated that decisions on bed assignments, program and other areas covered by this provision are always taken into consideration prior to making such assignments and that resident safety is always paramount. The auditor also interviewed the PREA coordinator regarding this provision, the coordinator stated that the intake staff member and supervisor on duty work together to make appropriate assignments for the residents after considering information available. This si verified through interviews with facility intake staff and supervisor.</p> <p>b. Facility Policy 3.02 states that residents may be isolated only as a last resort when less restrictive measures are inadequate to keep them and population safe. Also, that they receive the same services and privileges that general population receives. The facility states in the PAQ that were 0 residents at risk of sexual victimization who were placed in isolation. The facilities practice is not use isolation at all except in extreme circumstances. At the time of the onsite audit, no residents were in isolation for any reason. The auditor interviewed the facility superintendent, medical and mental health staff, and security staff, all interviewed indicated that the facility does not utilize isolation unless extreme circumstances warrant its use. During the facility tour, the auditor noted that no residents were in isolation for the duration of the onsite visit. This facility policy is verified by conversations with residents and staff.</p> <p>c. Facility Policy 3.02 states that LGBTI residents shall not be placed in a housing, bed, or other assignments solely based on such identification or status. Also, that LGBTI residents cannot be considered sexually abusive based their identification. There were no LGBTI residents in population at the time of the auditor’s onsite visit. The auditor interviewed the PREA coordinator who stated that the facility does not make placement based on identification as LGBTI.</p> <p>d. New River Valley Juvenile Detention Home is licensed to house both male and female residents. In the event a unit assignment had to made, it would done solely on a case by case basis determined by the health and safety of the resident and the overall effect on facility security. The auditor interviewed the PREA coordinator who confirmed the facilities policy and practice. At the time of the onsite visit, the facility did not have a LGBTI resident.</p> <p>e. Facility Policy 3.02 states that placement and programming for transgendered and intersex residents shall be reassessed twice each year. The facility in the 12 months prior to the onsite audit had no transgendered or intersex residents that documentation could be reviewed for. The auditor did interview intake staff and the PREA coordinator, all of which indicated that they were aware of the standard and policy requirements for this provision.</p> <p>f. Facility staff interviewed by the auditor also indicated that they were aware that if a transgendered or intersex resident needed program or placement assessment, the views of</p>

their own safety would be taken into consideration.

g. Facility Policy 3.02 states that transgendered and intersex residents must be afforded the opportunity to shower separately from other residents. The auditor reviewed facility policy and interviewed the facility PREA coordinator and other staff for compliance to this provision.

h. No residents were isolated pursuant to paragraph (b) of this section during the 12 months prior to the onsite visit.

i. Facility Policy 3.02 states that every 30 days the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population. The facility did not have any circumstances where a resident was placed in isolation. The auditor confirmed this during interviews with intake assessment staff.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home Policy 3.02 Admission, Orientations and Releases

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

Interview with intake screening staff, intake supervisor, PREA coordinator and residents

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 3.05 Detainee Grievance Procedure states that the agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility has set up several ways for residents to report such incidents; they can submit a grievance form, report verbally or in writing to any staff member to include supervisors and support staff, or make a hot line call on the resident phone system by dialing 540-357-0987. Facility staff are required to accept any complaint regarding PREA from a resident or third party whenever asked and take immediate action. All facility staff are mandatory reporters. The auditor interviewed 3 residents, all 3 residents were found to be aware of one or more reporting methods at their disposal if they had a PREA related incident to report. The auditor also interviewed 10 random security staff, all of which were aware of the methods available for residents to report. During the facility tour, the auditor took note that at several locations throughout the facility, PREA posters were in place that informed residents how they could report a PREA incident. This includes posting in each housing unit. The facility also submitted to the auditor the resident handbook which goes on to describe methods residents may use to report. Residents are also provided the information at intake upon time of arrival.</p> <p>b. The facility has a resident phone system installed in each housing unit that allows resident access to dial 540-357-0987. This number connects directly to the hotline that is managed by the local community sexual abuse advocate service. The facility and the Women’s Resource Center of the New River Valley has an MOU signed by both parties for the Women’s Resource Center to provide these services. The auditor also interviewed the PREA coordinator and 3 residents, all of which indicated that they were aware of the phone hotline service that was available. In addition, the auditor interviewed the superintendent from the Women’s Resource Center who validated that the facility has an active MOU with the resource center. During the facility tour, the auditor made test calls on the resident phone system and found the system to be in operating condition. The auditor was able to speak with a person from the hotline each time.</p> <p>c. It is facility Policy and practice that they accept reports made verbally, in writing, anonymously, and from third parties. Policy 3.05 requires that staff immediately report through the chain of command and document all reports received. The auditor interviewed a random sample of staff and residents, all interviewed were aware that staff are required to report information received of sexual abuse and harassment from residents immediately.</p> <p>d. Interviews conducted with residents support that staff provided the necessary tools for residents to report incident in writing and verbally. If a resident needs a writing utensil, paper, or a grievance to report an incident, they can request it from any staff member.</p> <p>e. Facility Policy 3.05 states that staff can report incidents of abuse or harassment to any staff member or supervisor. Staff may also report to any administrator verbally, in writing via email or incident report. All staff are mandatory reporters. The auditor, during interviews with staff questioned as to if staff were aware of how they could report an incident of sexual abuse or</p>

sexual harassment, all staff indicated that they were aware of the ways with which they could report.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home Policy 3.05 Detainee Grievance Procedures

New River Valley Juvenile Detention Home MOU with the Women's Resource Center of the New River Valley

Interview with the Center for Women's Resource Center of the New River Valley director

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

Interview with PREA coordinator, security staff and residents

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 3.05 Detainee Grievance Procedure outlines the resident grievance system. The facility submitted the policy to the auditor.</p> <p>b. Policy 3.05 states that the facility will not impose a time limit of residents as to when they can submit a grievance regarding abuse or harassment. For incident of a non-sexual nature, the facility may impose time limits. Residents are not required to use the grievance system to report abuse or attempt to resolve the issue with the staff. Nothing in this section shall restrict the facilities ability to defend a lawsuit. The auditor reviewed the facilities resident handbook and conducted interviews with each resident. All stated that they were aware of the information.</p> <p>c. The facility Policy 3.05 states that a resident shall not be required to submit a grievance that alleges sexual abuse or sexual harassment to the staff member that is subject to the complaint and that the resident is not referred to the staff member that is subject to the complaint. Interviews conducted with each resident indicated that they were aware of this information.</p> <p>d. Facility Policy 3.05 states that the facility shall issue a final decision on the merits of the grievance filed within 90 days of the initial filing. Time computation shall not include time needed for the resident to appeal the administrative decision. The facility may request a time extension of up to 70 days if the initial 90-day time frame was not sufficient to decide. The resident must be notified in writing of this extension. Anytime the resident does not receive a response in the policy stated time frame, the resident may consider the no response as a level denial. The facility had in the 12 months prior to the onsite visit 3 resident grievances filed. Of those grievances filed, none was submitted regarding sexual abuse. At the time of the audit, the resident was not available for interview. This was verified by a review of the grievances filed. The auditor interviewed 3 residents regarding their knowledge of the resident grievance system, although all resident stated they were aware of the ability to file a PREA complaint vis the grievance system, non-had done so.</p> <p>e. Facility Policy 3.05 states that third-parties such as staff members, fellow residents, attorneys and outside advocates may be permitted to assist residents in filing of requests for administrative remedies relating to allegations of sexual abuse and sexual harassment and permitted to file such request on the behalf of the resident. Policy also states that the resident may deny having the complaint filed on his or her behalf. It this occurs, the facility will document the resident’s refusal. A parent or legal guardian may file a complaint on the behalf of the resident and the resident may not deny having this complaint filed. During the 12-month period prior to the onsite audit there were no declination of third-party request filed.</p> <p>f. Facility Policy 3.05 states that in the event an emergency grievance in filed that discussed the potential immediate threat of sexual abuse, the supervisor on duty shall immediately ensure the safety of the resident and immediately report the incident through the chain of command. In the event an emergency grievance is filed that a resident is in imminent risk of sexual abuse, the agency shall immediately forward the emergency grievance to a level of</p>

review where immediate action can take place. Also, that the initial response will take place in 48 hours and that a final facility decision be issued within five calendar days. The final response shall state the facilities response to the emergency grievance and the action to be taken. During the 12-month period prior to the onsite audit there zero grievance filed that alleged sexual abuse.

g. Facility Policy 3.05 states that the facility may only discipline the resident if the grievance filed by the resident was filed in bad faith. This decision by policy must be determined by the facility superintendent only. There were no incidents of disciplinary action having been taken upon a resident for the filing of an emergency grievance.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home Policy 3.05 Detainee Grievance Procedure

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

Interview with PREA coordinator, security staff and residents

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. 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>a. The facility Policy 4.03 Suspected Child Abuse or Neglect states that the facility will provide residents with access to outside victim advocates for emotional support services related to sexual abuse. They will provide mailing address, telephone numbers including toll free hotline numbers for residents to make contact with of state and local rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies and these methods of contact be confidential. The facility submitted to the auditor the resident handbook. This handbook contains all the contact information the resident needs to contact these services. The auditor took note during the facility tour that this information is posted in varying places around the facility where residents can read the information. The auditor also interviewed all three residents, all stated that they were aware of how they could contact these services.</p> <p>b. Facility Policy 4.03 Suspected Child Abuse and Neglect states that the facility shall inform residents prior to giving them access, of the extent such communication will be monitored and how reports of abuse will be forwarded because of mandatory reporting laws. The auditor conducted interviews with 3 residents, all stated that they were aware of this information.</p> <p>c. The facility has entered an MOU with the New River Valley Women’s Resource Center. This MOU provides for emotional support services for resident that have experienced sexual abuse. The facility provided a copy of this MOU to the auditor. The auditor also verified this information through an interview with the director of the Women’s Resource Center.</p> <p>d. The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The auditor conducted interviews with the facility Superintendent, PREA coordinator, and all residents. In each case the interviewees were all aware of the facilities policy on allowing reasonable access to attorneys and parent or guardians to resident. The auditor asked all 3 residents if they ever had an issue requesting contact with their legal representation or parent and they stated no.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with facility Superintendent, PREA coordinator, and randomly selected residents</p> <p>MOU between facility and the Women’s Resource Center of the New River Valley</p> <p>Auditor tour of facility</p> <p>Corrective Action</p>

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy 4.03 Suspected Child Abuse or Neglect states the purpose of this procedure is to provide a detainee with a channel for the impartial and fair administrative settlement of a legitimate grievance without fear of reprisal. The facility posts this information on the facility web site. The auditor reviewed this information on the facility web site and saw it posted internally at the facility as well. The auditor interviewed 3 residents, all of which were aware of the availability of third-party reporting information for parent and guardians.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy 3.05 Detainee Grievance Procedures.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with facility residents.</p> <p>Auditor tour of facility</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 616">a. Facility Policy 4.03 Suspected Child Abuse or Neglect states that staff must immediately report any knowledge suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. It goes on to state that whether or not that facility is part of its own agency, 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 is prohibited. The auditor interviewed a random selection of staff, all indicated that they were aware of this provision.</p> <p data-bbox="252 660 1484 862">b. The facility states in its policy also that staff must adhere to mandatory reporting laws. The Commonwealth of Virginia requires that all youth care workers report immediately any incident of sexual abuse or harassment to the appropriate agencies. The auditor interviewed random staff, and all stated they were aware of this requirement. All staff were aware that they were mandatory reporters.</p> <p data-bbox="252 907 1484 1108">c. Staff are made aware by their training and facility Policy 4.03 Suspected Child Abuse or Neglect that they are not to disclose any confidential information to anyone other than the extent necessary to determine appropriate treatment, investigation and other security management decisions. The auditor conducted random staff interviews, and all indicated that they were aware of this requirement.</p> <p data-bbox="252 1153 1484 1310">d. Medical and mental health care staff are required by policy to report sexual abuse to designated supervisors and officials as well as to designated state and local agencies as required by law. This is outlined in policy 4.03 Suspected Child Abuse or Neglect. The auditor interviewed 2 medical or mental health staff members, both were aware of this requirement.</p> <p data-bbox="252 1355 1484 1691">e. Facility Policy 4.03 states that the facility head shall promptly report allegations to the appropriate agencies and to the alleged victim’s parent or legal guardians unless the parent or legal guardians should not be notified, and this is documented. In the event the resident in in the care of child welfare, notification shall be made to the caseworker assigned care of the resident. In the event juvenile court maintains jurisdiction over the resident, they courts shall be notified within 14 days. The auditor interviewed the facility superintendent and PREA coordinator, in both cases they answered in the affirmative that they were aware of this obligation.</p> <p data-bbox="252 1736 1484 1937">f. Facility Policy 4.03 states that all allegations of sexual abuse and harassment shall be reported to the facilities designated investigators. Criminal investigations are referred to the Christiansburg Police Department Special Victims Unit. The auditor interviewed the facility superintendent and investigator regarding this provision, both indicated that they were aware of this provision.</p> <p data-bbox="252 1971 1484 2049">Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p data-bbox="252 2083 1412 2116">New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p>

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

Interview with facility superintendent, PREA coordinator, PREA Investigator and security staff

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. The facility Policy 4.03 Suspected Child Abuse or Neglect states that when a facility becomes aware that a resident is subject to imminent risk of sexual abuse it must take immediate action to protect the resident. In the past 12 months prior to the onsite audit, the facility had 0 incidents where it was determined that the resident was in imminent risk of sexual abuse. The auditor interviewed the facility superintendent and a random sample of staff (10), in all cases, staff stated that they were aware of no cases of residents having been at risk of imminent sexual abuse.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with facility superintendent and security staff and PREA coordinator</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 4.03 Suspected Child Abuse or Neglect states that upon receiving an allegation that a resident was sexually abuse at another facility, the receiving facility superintendent will notify the head of the facility where the abuse occurred and also notify the appropriate investigating facility. In the past 12 months prior to the onsite visit, the facility had 0 cases where sexual was reported to have occurred at another facility. The auditor reviewed the facility policy and finds it to comply with this provision.</p> <p>b. The facility shall document when an instance of sexual abuse from another facility occurs within 72 hours of receiving the allegation. The facility had 0 cases of reported sexual abuse from other facilities.</p> <p>c. Facility Policy 4.03 states that when such notification is, it shall be documented. The facility has not reported incident in the last 12 months.</p> <p>d. The facility superintendent shall ensure that the reported incident of sexual abuse is investigated in accordance with these procedures. The facility had 0 reported cases during the 12 months preceding the audit. The auditor interviewed the facility superintendent regarding this requirement. The Superintendent stated they knew of this requirement.</p> <p>Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with facility superintendent</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 4.03 Suspected Child Abuse or Neglect states that when a staff member first learns that a resident has been sexually abused, the staff member must separate the alleged victim and abuser, preserve and protect the crime scene and evidence, if the abuse occurred within a time period that allows for the collection of viable evidence, request that the alleged victim not take actions that might destroy evidence, for example showering, brushing of teeth etc. In the last 12 months prior to the onsite audit, the facility had 0 allegations of sexual abuse. The auditor interviewed 16 security staff that were classified as first responders also. In each case the staff members were able to articulate in their responses all the duties of the first responder.</p> <p>b. Facility Policy 4.03 states that in the event the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that might destroy evidence. Of the allegations of sexual abuse in the last 12 months, the number of times a non-security staff person was not a first responder, the facility states 0. The auditor conducted 16 interviews with security staff and 11 specialized staff interviews, all interviewed were fully aware of their obligations as a first responder as for those not first responders, they were fully aware of their responsibilities as outlined in this provision.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with facility first responders and other specialized staff</p> <p>Interview with PREA coordinator Review of submitted facility documentation</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 4.03 Suspected Child Abuse or Neglect states that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Policy indicates that through training, policy adherence and already established mandatory reporting regulations – it is the detention home’s goal to make sure actions are coordinated in response to an incident of sexual abuse. To make the response more visual, the facility has created a PREA Incident: Coordinated Response” flow chart that coordinates the responsibilities of staff. This flow chart is in the control room and in the workspaces of all staff. Copies are also available upon request. The auditor visually verifies this document placed in various locations of the facility.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with facility first responders and other specialized staff</p> <p>Interview with PREA coordinator Review of submitted facility documentation</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. 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>a. New River Valley Juvenile Detention Home is not a collective bargaining facility. This provision is not applicable.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with facility Superintendent</p> <p>Interview with PREA coordinator</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 3.05 Detainee Grievance Procedures states that the agency shall establish a policy to protect all residents and staff who report sexual abuse or cooperate with investigations from retaliation by others. The agency provides the names and titles of staff members responsible for monitoring retaliation. The facility PREA coordinator is responsible for monitoring retaliation by others. This information is verified by the auditor through interviews with the facility Superintendent and PREA coordinator.</p> <p>b. The agency shall employ multiple protection measures, such as housing changes, removal of alleged staff or abusers from contact with victims, emotional support services for residents or staff who fear retaliation. The auditor interviewed the PREA coordinator, she states that she is responsible for retaliation monitoring of residents. During the last 12 months prior to the onsite audit, the facility had no founded or unsubstantiated cases of sexual abuse or sexual harassment. As a result, no retaliation monitoring occurred. The auditor interviewed the facility superintendent and asked how does the facility protect residents and staff from retaliation? The superintendent responded by stating that the facility has a comprehensive plan and policy in place that all staff are trained on. The residents also receive information regarding their rights to be free from retaliation by staff or residents.</p> <p>c. Facility Policy 3.05 states that the facility will monitor for at least 90 days following a report of sexual abuse. The agency will monitor the conduct or treatment of the resident or staff who reported to have suffered the abuse. They will closely monitor for changes that suggest possible retaliation. In the event such activity is found, administration shall act promptly to address the issue. The monitoring shall continue past the 90-day time frame if warranted. In the last 12 months, there have been no instances of retaliation or a need to monitor for retaliation.</p> <p>d. In cases of residents, retaliation monitoring shall include periodic status checks to determine if changes have occurred that could be the result of retaliation. During the 12months prior to the audit, no retaliation monitoring was required.</p> <p>e. Facility Policy 3.05 states that in the event any other individual who cooperates with an investigation expresses concern that they are being retaliated against, the facility will take appropriate action to address it. No case occurred in the last 12 months.</p> <p>f. The facility policy indicates that in the event the alleged case of abuse was deemed unfounded, it terminates the agencies need for monitoring. In the 12 months prior to the audit, there were 0 cases of abuse reported.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy 3.05 Detainee Grievance Procedures</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p>

Interview with PREA coordinator and Facility Superintendent

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 3.05 Detainee Grievance Procedures states defines post-allegation protective custody as any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342. It is the facilities operating procedure that residents who are reported to as having been the victim of sexual abuse not be placed in isolation except as a last resort and only then until a lesser restrictive means of housing can be arranged that is safe and secure. In the event they were placed in isolation, the resident would have access to legally required educational programming, special education services, and daily large-muscle exercise. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months is 0. The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months is 0. The average period residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months is 0. As a result of there being no residents held in isolation over the 12 months preceding the onsite audit, no cases could be reviewed by the auditor.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Policy 3.05 Detainee Grievance Procedures</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>Interview with PREA coordinator and Facility Superintendent</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. The New River Valley Juvenile Detention Home submitted in the Pre-Audit Questionnaire (PAQ) that it has a Policy 1.15 Alleged Criminal Activity. In this policy it stipulates that the facility conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. It goes on to state that the Christiansburg Police Department shall conduct all criminal investigations into allegations of sexual abuse and harassment. The facility had 0 reports of sexual abuse or harassment in the 12 months preceding the on-site audit.</p> <p>b. The auditor reviewed training records for the facility PREA Investigator who is responsible for conducting administrative investigations for sexual abuse and sexual harassment. The training file contained certificates of completion for training sessions conducted by the National Institute of Corrections. The training was for Investigating Sexual Abuse in a Confinement Setting. The investigator completed this course in both 2013 and 2018. In addition, the coordinator has been conducting administrative investigations for several years and demonstrates extensive knowledge of the investigative process to the auditor. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy. It should be noted that no criminal investigations occurred for the auditor to review.</p> <p>c. Upon receipt of an allegation of sexual abuse or sexual harassment, the facility enacts a coordinated response plan. Facility Policy 1.15 states that if the allegation is criminal in nature, the Christiansburg Police Department is immediately notified. In the event the incident is of a sexual abuse nature, investigators shall be assigned who have received training in dealing juvenile cases. The policy also states that investigators will gather and preserve evidence, any available electronic monitoring data; shall conduct interviews and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy goes on to state that the Police will not terminate an investigation solely because the source of the allegation recants the allegation. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy. It should be noted that no criminal investigations occurred for the auditor to review.</p> <p>d. Policy 1.15 states that when the quality of evidence appears to support criminal prosecution, the Police will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy. It should be noted that no criminal investigations occurred for the auditor to review.</p> <p>e. Policy 1.15 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy. It should be noted that no criminal</p>

investigations occurred for the auditor to review.

f. Facility Policy 1.15 states that criminal investigations shall be documented in a written report that contains a thorough description. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy. It should be noted that no criminal investigations occurred for the auditor to review.

f-1. Administrative investigations shall include an effort to determine whether staff actions or failures to act contribute to the abuse. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy.

f-2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy. It should be noted that no criminal investigations occurred for the auditor to review.

g. Facility Policy 1.15 states that criminal investigations will be documented that contains a thorough description and attaches copies of evidence. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy.

h. Facility Policy 1.15 states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy. It should be noted that no criminal investigations occurred for the auditor to review.

i. Facility Policy 1.15 states that the agency shall retain all written reports referenced in this section 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. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy.

j. Facility Policy 1.15 states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy.

k. Facility Policy 1.15 states that any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy.

l. Facility Policy 1.15 states that the Department shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor conducted interviews with the facility PREA coordinator who confirms that this is the facility policy.

m. It is the Policy of the facility to fully cooperate with the law enforcements or outside agencies investigation when they investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation

Auditors note: the facility policy mirrors the PREA standard. Because criminal investigations are immediately referred to the Christiansburg Police Department, the auditor did not have an opportunity to interview a Police Department representative. The auditor attempted to make contact on two occasions but never received a reply. However, the auditor conducted interviews in house with the PREA coordinator and facility superintendent, based on their responses it is clear that they understood investigative process and what the associated standards called for in the investigative process.

Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

New River Valley Juvenile Detention Home Policy 1.15 Alleged Criminal Activity

Interviews with New River Valley Juvenile Detention Home Superintendent and PREA coordinator

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 1.15 Alleged Criminal Activity states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor conducted an interview with the facility PREA investigator who serves as the facility investigator for PREA related incidents. The investigator confirmed that no standard higher than a preponderance is applied to the investigative process.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 1.15 Alleged Criminal Activity</p> <p>Interview with the facility PREA investigator</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.373	Reporting to residents
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 616">a. Facility Policy 3.05 Detainee Grievance Procedure states that following an investigation into a resident’s allegation of sexual abuse, the facility will inform the resident if the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility were 0. The auditor interviewed the PREA investigator who is responsible for administrative investigations, the investigator was aware of the obligation and complies with its requirements.</p> <p data-bbox="252 660 1484 728">b. In the 12 months prior to the onsite audit, there were no allegations of abuse administrative in nature.</p> <p data-bbox="252 772 1484 974">c. Facility Policy 3.05 states that following an allegation that a staff member has committed sexual abuse against a resident, the resident shall be notified when the staff member is no longer posted in the residents unit, is no longer employed at the facility, the staff member has been indicted or convicted of a charge. In the 12 months prior to the audit, no cases of sexual abuse by a staff member were reported.</p> <p data-bbox="252 1019 1484 1176">d. Anytime a resident is indicted for sexual abuse on another resident, the victim will be notified. This is listed in the facility policy 3.05. In the 12 months prior to the audit, no cases of criminal conviction or indictment had occurred against a resident on resident sexual abuse case.</p> <p data-bbox="252 1220 1484 1332">e. In the event such a conviction or indictment were to occur, the facility will document such notification. This is part of facility policy 3.05. No cases have occurred in the 12 months prior to the audit.</p> <p data-bbox="252 1377 1484 1444">f. The facilities obligation to report under this standard terminates when the resident is released from the facilities custody. This is part of the facilities Policy 3.05.</p> <p data-bbox="252 1489 1484 1568">Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p data-bbox="252 1612 1133 1646">New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p data-bbox="252 1691 1372 1724">New River Valley Juvenile Detention Home Policy 3.05 Detainee Grievance Procedure</p> <p data-bbox="252 1769 678 1803">Interview with PREA investigator</p> <p data-bbox="252 1836 502 1870">Corrective Action</p> <p data-bbox="252 1915 1484 1982">The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 1.13 Disciplinary Action states that Staff shall be subject to disciplinary sanctions for violating sexual abuse or harassment policy. The auditor reviewed the submitted facility PAQ and found that no cases of staff disciplinary action has been taken, this has been confirmed by the facility Superintendent.</p> <p>b. Termination shall be the presumptive disciplinary sanction for staff found to have committed sexual abuse. In the 12 months prior to the audit, no cases of staff discipline had occurred resulting from sexual abuse. This confirmed by the facility superintendent.</p> <p>c. Facility Policy 1.13 states that disciplinary sanctions for violations of facility policy related to sexual abuse or sexual harassment shall be commensurate with nature of the act. The staff members disciplinary history shall be considered, and sanctions imposed comparable to that of others. In the past 12 months no staff member has been disciplined for any act related to sexual abuse or sexual harassment. The auditor confirmed this data with the facility superintendent.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 1.13 Disciplinary Action</p> <p>Interview with facility PREA coordinator</p> <p>Interview with facility Superintendent</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 1.13 Disciplinary Action states that contractors or volunteers shall be subject to disciplinary sanctions for violating sexual abuse or harassment policy. The auditor reviewed the submitted facility PAQ and found that no cases of staff disciplinary action has been taken, this has been confirmed by the facility Superintendent.</p> <p>b. Termination shall be the presumptive disciplinary sanction for contractors or volunteers found to have committed sexual abuse. In the 12 months prior to the audit, no cases of contractors or volunteers' discipline had occurred resulting from sexual abuse. This is confirmed by the facility superintendent.</p> <p>c. Facility Policy 1.13 states that disciplinary sanctions for violations of facility policy related to sexual abuse or sexual harassment shall be commensurate with nature of the act. The contractors or volunteer's disciplinary history shall be considered, and sanctions imposed comparable to that of others. In the past 12 months no contractors or volunteer's member has been disciplined for any act related to sexual abuse or sexual harassment. The auditor confirmed this data with the facility superintendent.</p> <p>Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 1.13 Disciplinary Action</p> <p>Interview with facility PREA coordinator</p> <p>Interview with facility Superintendent</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 526">a. Facility Policy 3.04 Disciplinary Process states that a resident may only be subject to formal disciplinary actions following an administrative finding that the resident engaged in sexual abuse or following a conviction for sexual abuse. In the 12 months prior to the audit, 0 residents had disciplinary action imposed on them for sexual abuse. This is confirmed by the auditor interview with the facility superintendent.</p> <p data-bbox="252 571 1428 649">b. The facility policy is to not use isolation for administrative or disciplinary purposes. The facility has had 0 instances of isolation in the past 12 months prior to the audit.</p> <p data-bbox="252 683 1484 974">In the past 12 months the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: 0. This is verified through interview with the facility PREA coordinator.</p> <p data-bbox="252 1019 1460 1176">c. Facility Policy 3.04 states that the disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor verified this information with the facility superintendent.</p> <p data-bbox="252 1220 1484 1422">d. Facility policy 3.04 states that the facility will consider whether to offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse by an offender as a condition of a rewards based behavioral management system. The auditor interviewed medical and mental health staff regarding compliance with this provision, both staff interviewed indicated that this is the policy of the facility.</p> <p data-bbox="252 1467 1452 1624">e. The facility Policy 3.04 states that residents will only be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There have been no incidents of resident discipline for unauthorized sexual contact with staff. This is confirmed through interview with facility superintendent.</p> <p data-bbox="252 1668 1452 1780">f. In the event a resident reports an incident of sexual abuse in good faith, the resident may not be disciplined if the resident had a reasonable belief that this incident occurred. This is confirmed by interview with the facility superintendent.</p> <p data-bbox="252 1825 1476 1982">g. The facility in its policy 3.04 does not allow sexual contact between residents. Residents found to have engaged in consensual sexual contact may be disciplined accordingly. The facility will not deem the activity to sexual abuse unless it is determined that the sexual activity was coerced.</p> <p data-bbox="252 2027 1452 2105">Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p>

New River Valley Juvenile Detention Home Pre-Audit Questionnaire

New River Valley Juvenile Detention Home Policy 3.04 Disciplinary Process

Interview with Christiansburg facility superintendent

Interview with facility PREA coordinator

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a. Facility 2019 Intake Guide indicates that pursuant to § 115.341, with regard to medical and mental health screening and history of sexual abuse states that if the resident has experienced prior sexual victimization whether in an institutional setting or not, a 14 day follow up meeting will occur with medical or mental health staff. Mental health staff will meet with the resident within 24 to 72 hours of the initial screening. The auditor verified this information via interviews with medical and mental health staff. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is 100%. This is confirmed by the auditor via interviews with intake staff. Medical and mental health staff maintain secondary documentation regarding the residents they see.</p> <p>b. All residents who perpetrated previous sexual abuse are offered follow-up meetings with medical and mental health staff within 14 days. Facility medical staff protocol is that a meeting will occur within five days of the initial screening. The auditor verified this information via interviews with medical and mental health staff. In the past 12 months, the percent of residents who perpetrated previous sexual abuse who were offered a follow-up meeting with a medical or mental health practitioner is 100%. Medical and mental health staff maintain secondary documentation regarding the resident they see.</p> <p>c. The facility Intake Guide indicates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The auditor verified this through questions asked by the auditor during the facility tour.</p> <p>d. The facility Intake Guide indicates that 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. This is verified by interviews with facility medical and mental health staff.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy The facility Intake Guide</p> <p>Interview with New River Valley Juvenile Detention Home superintendent</p> <p>Interview with facility PREA coordinator</p> <p>Interviews with facility medical and mental health staff</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>



115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 5.30 Medical and Mental Health Care for Sexual Abuse Victims and Abusers states that resident victims of sexual abuse shall receive timely access to emergency medical treatment and crisis intervention services. Medical and mental health professionals will determine the scope of such treatment based on their judgment. Medical and mental health staff shall maintain secondary materials. This is verified through conversations and interviews with facility medical staff and mental health professionals.</p> <p>b. In the event no medical or mental health staff on duty at the time of the incident, first responders will protect the victim and immediately notify medical and mental health staff. The facility has an emergency response protocol already in place to address just such an issue. This is verified via interview with the facility superintendent and PREA coordinator.</p> <p>c. Resident victims of sexual abuse are offered timely access to information and emergency contraception and prophylaxis in accordance with established medical best practice. This is verified through interviews with medical and mental health staff.</p> <p>d. Facility Policy 5.30 indicates that treatment services shall be provided free of charge to the victim whether the abuser is named or not. The auditor verified this information through interviews with the facility superintendent.</p> <p>Evidence relied upon to make auditor's determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 5.30 Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Interview with facility PREA coordinator</p> <p>Interview with facility superintendent</p> <p>Interviews with facility medical and mental health staff</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 5.30 Medical and Mental Health Care for Sexual Abuse Victims and Abusers states that the facility shall offer medical and mental health services to any resident that has been that has been victimized by sexual abuse in any jail or institutional setting. The auditor conducted several Q&A periods with resident and staff during the facility tour. Both residents and staff indicated to the auditor that the facility provides these services for the residents.</p> <p>b. Facility Policy 5.30 states that resident victims shall receive treatment and evaluation for follow up services that include treatment plans and referrals for continued care after transfer to or placement in another facility or setting. The auditor verified this through interviews with medical staff.</p> <p>c. Facility Policy 5.30 states that the facility provides these services with levels consistent with community care. The auditor verified this question with facility mental health staff.</p> <p>d. Facility Policy 5.30 states that Resident victims that experience vaginal sexual penetration while incarcerated shall be offered pregnancy tests. His in verified through interview with facility medical staff.</p> <p>e. Facility Policy 5.30 states that In the event pregnancy results from conduct as discussed in section d of this standard, victims shall receive timely information about pregnancy services. This is verified through interviews with medical staff.</p> <p>f. Facility Policy states that resident victims of sexual abuse shall be offered test for sexually transmitted infections while incarcerated. The auditor reviewed resident medical files and found that resident file information is consistent with compliance to this provision.</p> <p>g. Facility Policy 5.30 states that treatment services are provided without financial cost to the resident. This is verified by interview responses by the facility superintendent.</p> <p>h. Facility Policy 5.30 states that the facility will conduct a mental health evaluation of all known resident on resident abusers within 60 days of learning of such abuse history and offers treatment. This is verified to the auditor by interview responses received from mental health staff.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 5.30 Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Interview with facility PREA coordinator</p> <p>Interviews with facility medical and mental health staff</p>

Review of resident medical files

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a. Facility Policy 4.03 Suspected Child Abuse or Neglect states that the facilities incident review committee will review every administrative and criminal case of sexual abuse unless the allegation has been determined to be unfounded. In the 12 months prior to the audit, the facility had 0 reported cases of sexual abuse. The auditor had the opportunity to speak with several staff members as well as 3 residents currently assigned to the facility. In each case, all staff and residents sated that to the best of their knowledge, no cases of sexual abuse occurred.</p> <p>b. Facility Policy 4.03 states that ordinarily, a review of the case will occur within 30 days. This verified via interviews with the PREA coordinator.</p> <p>c. Facility Policy 4.03 states that the incident review team shall be comprised of upper level management officials. The auditor interviewed two members of the incident review team. Each member was in an upper management level role.</p> <p>d. The incident review team shall consider if a policy change needs to occur because of an incident. If an incident may have been prevented with adjustments to practice that would enable the facility to better respond to sexual safety, the committee should consider the motivations of the abuser, determine if the area that the incident occurred had physical barriers that helped enable the event such as blind spots, assess if enough staff were present and if staffing changes need to be made, asses if monitoring technology enhancement could help prevent future occurrence. Additionally, the PREA coordinator should have direct access to this process. The auditor had opportunity to discuss this process with two members of the committee, all are well versed in the requirements of this provision and actively participate in the committee process.</p> <p>e. The facility administration has added cameras and mirrors to the facilities physical plant in the past. This increase in technology and equipment has assist with sexual safety in the facility. This is verified through facility tour and interviews with committee participants. Also, through review of committee minutes.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>Interview with facility superintendent and PREA coordinator</p> <p>Interviews with facility incident review committee members</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>



115.387	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>a. Facility Policy 4.03 Suspected Child Abuse or Neglect states that it shall collect data in an accurate manner that documents every allegation of sexual abuse by using standardized instruments and a set of definitions. The data shall contain enough information to answer most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility uses a set of standardized definitions that it published in its PREA manual for staff and residents. This verified through a review of the manuals and interviews with the facility PREA coordinator.</p> <p>b. The facility compiles this data annually and published its finding to the facility website. This verified by review of data on the website and interview conducted with facility PREA coordinator.</p> <p>d. The facility collects its data from all available pertinent facility documentation to include incidents reports, investigations, and sexual abuse incident reviews. This is verified by the auditor’s review of annual reports completed.</p> <p>e. The facility does not contract with other facilities for the confinement of its residents, this provision does not apply. This verified through an interview with the facility superintendent.</p> <p>f. The facility shall provide this data to the Department of Justice upon request no later than June 30. This is verified by interviews with the facility PREA coordinator.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>Interview with facility PREA coordinator</p> <p>Review of facility website data</p> <p>Corrective Action</p> <p>The auditor has determined that the agency exceeds standard with this provision. No corrective action is required.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 4.03 Suspected Child Abuse or Neglect states that the facility reviews data collected and aggregated pursuant to §115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Also taking corrective action and preparing an annual report. This is confirmed through interviews with the facility superintendent and PREA coordinator.</p> <p>b. Facility Policy 4.03 states that the report shall include the current years data and corrective action taken with those from prior years. This is to provide a picture of the facilities progress in addressing sexual abuse. This verified through the auditor review of the annual report assessable on the facility web site and through interviews with the facility PREA coordinator.</p> <p>c. The facility published its annual report on the facility website and makes it available to the public in written form. This verified by the auditor review of the website and written report. The annual report is reviewed and approved by the facility superintendent prior to publication. This is verified by interview conducted with the facility superintendent.</p> <p>d. When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. This is verified by interview conducted with the facility PREA coordinator.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>Interview with facility PREA coordinator and facility superintendent</p> <p>Review of facility website data</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a. Facility Policy 4.03 Suspected Child Abuse or Neglect states that the facility ensures that incident-based and aggregate data are securely retained. This is verified by the auditor by observation of record retention and storage while conducting the facility tour. Facility records are maintained in secure locations in locked file boxes/containers. In addition, through interview with facility PREA coordinator.</p> <p>b. Facility Policy 4.03 states that the facility makes all aggregated data available through the facility website and in written format to the public. This is verified by the auditor through review of the website and interview with the facility PREA coordinator.</p> <p>c. Facility Policy 4.03 states that prior to making personally identifiable data publicly available, the facility removes such information from the report. This is verified by the auditor by review of the report and interview with the facility PREA coordinator.</p> <p>d. Facility Policy 4.03 states that the agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. This verified by the auditor through interview with the facility PREA coordinator and visual review of facility archived files.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p>New River Valley Juvenile Detention Home Policy 4.03 Suspected Child Abuse or Neglect</p> <p>Interview with facility PREA coordinator</p> <p>Review of facility website data</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1465 443">a. The facility is a singular entity, it does not operate more than one facility. The facilities last audit was July 19–21, 2017. The auditor verified this audit by accessing the audit which was available for download from the facilities web site.</p> <p data-bbox="252 488 1465 604">b. The facility is a singular entity, it does not operate more than one facility. The facilities last audit was July 19–21, 2017. The auditor verified this audit by accessing the audit which was available for download from the facilities web site.</p> <p data-bbox="252 649 1398 766">h. The auditor shall have access to, and shall observe, all areas of the audited facilities. During the pre-audit, onsite and post audit periods of the audit process, the auditor had complete access to the facility physical plant.</p> <p data-bbox="252 810 1465 967">i. The auditor shall be permitted to request and receive copies of any relevant documents including electronically stored information. During the audit, the auditor had complete access to the facilities documentation. The facility PREA coordinator worked directly with the audit during all phases of the audit to provide requested documentation and information.</p> <p data-bbox="252 1012 1465 1128">m. The auditor shall be permitted to conduct private interviews with residents. During the on-site audit phase of the audit, the auditor was granted access to all residents assigned to the facility.</p> <p data-bbox="252 1173 1465 1505">n. Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor submitted to the facility PREA coordinator six weeks prior to the on-site audit posters that contained contact information for the auditor. This information was posted throughout the facility to afford staff and residents contact information for the auditor. The auditor was able to verify this by way of photos submitted to the auditor and by direct sight of the postings during the on-site visit of the audit. Additionally, staff and residents were interviewed as to if they had seen this information prior to the on-site audit dates. All interviewed stated that they had.</p> <p data-bbox="252 1550 1465 1617">Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p data-bbox="252 1662 1129 1695">New River Valley Juvenile Detention Home Pre-Audit Questionnaire</p> <p data-bbox="252 1740 810 1774">Interview with facility PREA superintendent</p> <p data-bbox="252 1818 673 1852">Interview with PREA coordinator</p> <p data-bbox="252 1897 695 1930">Interviews with staff and residents</p> <p data-bbox="252 1975 715 2009">Auditor tour of facility physical plant</p> <p data-bbox="252 2054 673 2087">Review of facility documentation</p> <p data-bbox="252 2132 683 2166">Review of facility last PREA audit</p>

Corrective Action

The auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has published to its website the last PREA audit dated July 19–21, 2017.</p> <p>Evidence relied upon to make auditor’s determination: The auditor relied upon analysis and triangulation of all the available evidence to make compliance determinations.</p> <p>Interview with facility PREA coordinator</p> <p>Review of facility web site and last PREA audit</p> <p>Corrective Action</p> <p>The auditor has determined that the agency is fully compliant with this standard. 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	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	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.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	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.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes