

# PREA Facility Audit Report: Final

**Name of Facility:** James H. Tiger Morton Juvenile Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 10/25/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Mable P. Wheeler	<b>Date of Signature:</b> 10/25/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Wheeler, Mable
<b>Email:</b>	wheeler5p@hotmail.com
<b>Start Date of On-Site Audit:</b>	09/16/2021
<b>End Date of On-Site Audit:</b>	09/17/2021

FACILITY INFORMATION	
<b>Facility name:</b>	James H. Tiger Morton Juvenile Center
<b>Facility physical address:</b>	60 Manfred Holland Way, Dunbar, West Virginia - 25064
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Tim Harper
<b>Email Address:</b>	Timothy.V.Harper@wv.gov
<b>Telephone Number:</b>	304-419-1402

Superintendent/Director/Administrator	
<b>Name:</b>	Jeremy D Dolin
<b>Email Address:</b>	Jeremy.D.Dolin@wv.gov
<b>Telephone Number:</b>	304-766-2616

Facility PREA Compliance Manager	
<b>Name:</b>	Meredith Rardin
<b>Email Address:</b>	meredith.d.rardin@wv.gov
<b>Telephone Number:</b>	M: 3047662616

Facility Health Service Administrator On-Site	
<b>Name:</b>	Tammy L.Morgan
<b>Email Address:</b>	Tammy.L.Morgan@wv.gov
<b>Telephone Number:</b>	304-766-2616

Facility Characteristics	
<b>Designed facility capacity:</b>	25
<b>Current population of facility:</b>	20
<b>Average daily population for the past 12 months:</b>	17
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	10-19
<b>Facility security levels/resident custody levels:</b>	Medium
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	41
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	West Virginia Division of Corrections and Rehabilitation
<b>Governing authority or parent agency (if applicable):</b>	WV Department of Homeland Security
<b>Physical Address:</b>	1409 Greenbrier Street, Charleston, West Virginia - 25311
<b>Mailing Address:</b>	1409 Greenbrier Street, Charleston, West Virginia - 25311
<b>Telephone number:</b>	304-558-6032

Agency Chief Executive Officer Information:	
<b>Name:</b>	Betsy Jividen
<b>Email Address:</b>	Betsy.Jividen@ww.gov
<b>Telephone Number:</b>	304-558-6032

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Tim Harper	<b>Email Address:</b>	Timothy.V.Harper@ww.gov

## 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.

### Introduction

The Prison Rape Elimination Act (PREA) audit onsite phase for James H Tiger Morton Juvenile Center was conducted September 16 - 17, 2021. James H Tiger Morton Juvenile Centers is located 60 Manferd Holland Way, WV, 25064. The audit was conducted by Mable P. Wheeler from Macon, Georgia, who is a U.S. Department of Justice Certified PREA auditor for adults and juvenile facilities. The audit was assigned to Diversified Correctional Services, LLC as part of a contractual agreement with WV Division of Corrections and Rehabilitation. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited June 6, 2019 with 100% compliance with the PREA Standards.

### Mission

"The Division of Juvenile Services is committed to providing effective, beneficial services to youth in the Juvenile Justice system that promote positive development and accountability, while preserving community safety and sustaining a work environment predicated upon principles of professionalism, with dignity and respect for all."

### Audit Methodology

#### Pre-Onsite Audit Phase

Prior to the onsite visit, the auditor contacted the PREA Compliance Manager to discuss the audit process and to set a tentative daily agenda and schedule for the onsite audit. The auditor requested the following information be provided the first day of the audit: daily population report, staff roster to include all departments; resident roster by housing unit; listing of staff who perform risk assessments, list of medical staff; list of contractors and volunteers available during the audit; list of residents with a PREA classification (identified through risk screening); list of lesbian, gay, bisexual, transgender, and intersex residents; list of disabled (deaf, hard of hearing, blind, low vision, low cognitive skills) residents, list of limited English proficient, residents, list of allegations with investigation outcomes etc. This information was utilized to establish the interview schedules for the selection of residents and staff to be interviewed; specialized staff interviews were conducted September 1, 2021 via Zoom due to Covid concerns. All interviews were conducted in private.

#### Notice of Audit Posting and Timeline

The audit notice was posted August 2, 2021. The audit notice was posted in English and Spanish on colorful paper using a large font. The audit notices were placed throughout the facility, in places visible to all Residents, staff and visitors. Confirmation of revised audit notices was emailed to the auditor on August 2, 2021. Further verification of their placement was made through observations during the onsite review and conversations with residents. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondences were received during the phase of the audit.

#### Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ and supporting documentation was uploaded into the PREA Online Audit System. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information, the auditor requested further documentation for clarification of several standards. Some of the information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

#### Requests of Facility Lists

James H Tiger Morton Juvenile Center provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided upon arrival to the facility.
Residents with physical disabilities	0
Residents with cognitive disabilities	2
LEP Residents	0
Lesbian, Gay and Bisexual Residents	1
Transgender and Intersex Residents	0
Residents in isolation/segregations	1
Residents who reported sexual abuse/harassment	1
Residents who reported prior sexual abuse	0
Residents who reported sexual victimization during Risk Screening	0
Complete Staff Roster	The staff roster was provided upon arrival to the facility.
Contractors	5
Volunteers	0
Grievances of sexual abuse/harassment	4
Investigation of sexual abuse/harassment	4
Detailed list of the number of sexual abuse/harassment allegations in the 12 months preceding the audit.	0 I/I Sexual Harassment 1 I/I Sexual Abuse 2 S/I Sexual Harassment 0 S/I Sexual Abuse

External Contacts:

Just Detention International	Just Detention International reviewed their database for records and information and reports, no information for the preceding 12 months.
Community Based Organizations	WVFRIS

Onsite Audit Phase Entrance briefing

On September 16, 2021 the entrance briefing was held with the Agency Director of PREA Compliance, Tim Harper; Agency PREA Compliance Coordinator, Amanda McGrew; Agency PREA Secretary, Erika Dunlap; Agency Juvenile PREA Coordinator, Kellan Cordie; Superintendent, Jeremy Dolin; Case Manager (PREA Compliance Manager), Meredith Rardin; Lt. David Murphy; SGT. Bardie Shaffer and Certified Auditor, Mable P. Wheeler. Introductions were made and the agenda for the onsite visit was discussed.

The auditor conducted the site review accompanied by the Agency PREA Coordinator, the Agency PREA Secretary, the Agency Juvenile PREA Coordinator; and PREA Compliance Manager; and Superintendent. After the site review, the auditor conducted random, specialized staff, and all resident interviews. Interviews were voluntary and conducted in private.

Site review

The auditor had access to, and observed, all areas of the facility. The facility consists of one (1) building which includes three (3) resident housing units. Twenty-three (23) single bedrooms, Zero (0) multiple occupancy rooms, zero (0) open bay dorm housing units, and two (2) segregation/isolation cells. The facility designated capacity is twenty-five (25). Population was twenty (20) on the day of onsite visit. The facility houses male and female residents. Direct staff supervision is provided; males and females are housed on separate units, or within designated sections, depending upon population count. The facility has a video monitoring system, responsible for security surveillance; mirrors are also strategically placed throughout the facility to provide additional security. Processes and areas observed

The Auditor was not able to observe the intake process. Grievance boxes are located in the housing unit dayrooms. Grievance forms and writing utensils are available upon request.

The staff conducting the site review and auditor's discussion with residents verified the privacy for showering, using the toilet and changing clothes. Auditor was able to observe the locations of the video monitoring cameras. PREA posters with telephone numbers for reporting sexual abuse and sexual harassment are prominently placed in the housing units and common area. The auditor informally asked residents about basic PREA facts during visit to housing units.

#### Specific area observations

The auditor observed the toilet and shower areas; showers, toilets and sinks are each living unit, one shower is on each floor with doors. Residents must be dressed before coming out of shower area. Resident rooms are single occupancy. The auditor observed staff actively supervising the residents.

#### Exit briefing

An exit briefing was held on September 17, 2021, with the Agency Director of Compliance, Agency PREA Coordinator; Agency PREA Secretary; Superintendent; and PREA Compliance Manager to discuss audit findings.

#### Interviews Logistics Location and Privacy

All interviews were voluntary and privately conducted. Interviews were held in the conference room and offices within the resident visitation area; these locations provided privacy and minimum disruption of daily activities and programming. The auditor received no communications from residents or staff prior to onsite visit.

#### Selection Process

Fourteen (14) direct care staff was interviewed using the random staff interview protocol. Six (6) random residents were interviewed using the resident interview questionnaire. There were five (5) residents identified for targeted interviews; three (3) residents with Cognitive Disabilities and zero (0) Residents with Physical Disabilities; zero (0) residents who were Limited English Proficient; zero (0) residents identified as transgender, one (1) resident identified as gay/bisexual; zero (0) residents who disclosed prior sexual victimization during risk screening; and one (1) resident who reported sexual abuse/harassment; zero (0) residents who reported prior sexual abuse; and zero (0) residents in segregated housing.

#### Interviews

Interview Protocols	Number of Interviews
Administration Leadership	Prior Interviews
Agency Director of PREA Compliance	1
Agency PREA Coordinator	1
Agency Contract Administrator	1
Investigator	1
Retaliation Monitor	1
Specialized Staff	Number of Interviews
Superintendent	1
PREA Compliance Manager	1
Medical	1
Mental Health	1
Human Resources	0
Staff who perform Unannounced Rounds	1
Investigative Staff	1
Incident Review Team Member	1
First Responder	0
Staff responsible for Risk Screening for victimization	1
Intake Staff	1
Random First Shift Staff	5
Random Second Shift Staff	5
Random Third Shift Staff	4
Random Residents	6
Targeted Resident	5
Residents with cognitive disabilities	3
Gay, Lesbian and Bisexual	1
Resident who reported sexual abuse/harassment	1
Interview Totals	
Random Staff	14
Specialized Staff	14
Random Residents	6
Targeted Residents	5
Total Interviews	39

## 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.

### Characteristics Related to PREA and Sexual Safety

Parent Agency	West Virginia Division of Corrections Rehabilitation
Facility	James H Tiger Morton Juvenile Center
Address	60 Manfred Holland Way, Dunbar, WV 25064
Capacity	25
Average daily population	17
Actual population on day 1 of the onsite audit	20
Population Gender	Male and Female
Ethnicity	Multiethnic
Length of stay	82 days
Population Age	10 - 19 years of age
Security Level	Medium
Number of Staff	41
Number of Contractors	5
Number of Volunteers	0
Number of buildings	1
Number of housing units	3
Number of single cells	23
Number of multiple occupancy cells	0
Number of open bay dorms	0
Number of segregation cells	2
Video Monitoring	Yes
Medical Services	Yes
Mental Health Services	Yes

The James H. "Tiger" Morton Juvenile Detention Center located at 60 Manfred Holland Way, in Dunbar, West Virginia. The facility was originally constructed in 2003. The facility has video surveillance monitoring with cameras strategically placed throughout the facility. The facility's rated bed is twenty-five (25). The population one the first day of the audit was twenty (20). The facility consists of two separate two story housing units. The facility has a separate segregation area separate from the housing units and two intake and observation rooms. The James H Tiger Morton Juvenile Center is a secure facility serving youth charged with a law violation. This is a co-ed program for youth ages 10 to 19.

The facility provides developmentally appropriate programming, which includes, but not limited to the following: medical services, mental health services, assessments and counseling, educational services, voluntary religious services, library services, case management, recreation, crisis intervention services, individual and group counseling.



Education services are provided by the West Virginia State Department of Education through the Office of Institutional Education. The education programs offered to the residents are individualized as well as comprehensive. The facility considers the educational program to be the most important service. The facility has three (3) classrooms, three (3) Teachers, one (1) Education Counselor, and one (1) Principal. The classrooms have video surveillance cameras strategically placed throughout the education unit.

The facility tour included accessing the facility entrance, administration area, case manager's offices, intake and search areas, medical clinic, kitchen, storage areas, laundry room, mechanical room, classrooms, pods, gym, outside recreation area, and the control room. The auditor counted the presence of staff providing sight and sound supervision confirmed all areas with youth were adequately staffed within the 1:8 ratios. Cameras were strategically placed throughout the facility.

#### Camera Placement

##### 1BD1CAM

01-Front Door  
02-Lobby (View 1)  
03-G-3 Visitation/Lobby 04-Front Office (View 1)  
OS-Visitation Room (View 1)  
06-Visitation Room (View 2)  
07-Outdoor Rec Hallway  
08-Gym (View 1)  
09-Gym (View 2)  
10-Intake Area (View 1)  
11-Laundry Room  
12-Maintenance Area (V-1)  
13-Back Door/Loading Dock 14-Van Parking  
1S-Delivery Dock  
16-Multi-Purpose Room (V-4)

##### 1BD2CAM

01-Outdoor Rec Yard 1(V-1)  
02-Outdoor Rec Yard 1 (V-2)  
03-Outdoor Rec Yard 2 (V-1)  
04-Outdoor Rec Yard 2 (V-2)  
OS-Classroom 1 (View 1)  
06-Library  
07-Classroom 2 (View 1)  
08-Dining Hall (View 1)  
09-Transportation  
10-A Pod (View 1)  
11-8 Pod (View 1)  
12-Classroom 2 (View 2)  
13-Maintenance (View 2)  
14-Side of Building (View 2)  
1S-Multi-Purpose Room (V-3)  
16-H Pod

##### 1BD3CAM

01-Front Office (View 2) 02-8 Pod (View 2)  
03-Classroom 1 (View 2)  
04-8 Pod (View 3)  
OS-Multi-Purpose Room (V-2) 06-A Pod (View 2)  
07-Intake Area (View 2) 08-A Pod (View 3)  
09-Dining Hall (View 2)  
10-Multi-Purpose Room (V-1) 11-MPR Office  
12-C-Pod  
13-Control  
14-Gym Office 1S-Intake Office  
16-Side of Building (View 1)

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	43
<b>Number of standards not met:</b>	0

#### Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

#### Standards Met

Number of Standards Met: 43

#### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Inspector General Table of Organization, James H Tiger Morton Juvenile Center Organization Chart, Policy and Procedure #3010; Subject - Code of Conduct Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews:</p> <p>Director of Office of PREA Compliance</p> <p>Agency's PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Policy # 430.00, pages 2 – 4 include definitions: Contractors, Director of PREA Compliance, Exigent Circumstances, Gender Nonconforming, Intersex, Juvenile, Juvenile Facility, LGBTI, Medical Practitioner, Mental Health Practitioner, Offender, Office of PREA Compliance, PREA Coordinator, Preponderance of the Evidence, Sexual Abuse, Sexual Harassment, Staff, Staff Sexual Misconduct, Substantiated Allegation, Transgender, Unfounded Allegation, Unannounced Rounds, Unsubstantiated Allegation, Victim, and Volunteer.</p> <p>Policy # 430.00, page 4 A states: DCR has zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment. Sexual activity between staff and offenders, volunteers or contract personnel and offenders, and offender and offender, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions up to and including dismissal and prosecution pursuant to West Virginia Code and DCR Policy and procedure.</p> <p>Policy # 430.00, page 4 B states: The DCR Director of PREA Compliance along with DCR PREA Coordinators and designated support staff shall make up the Office of PREA Compliance and will have sufficient time and authority to develop, implement, coordinate and oversee DCR efforts to comply with the PREA standards in all facilities.</p> <p>Policy # 430.00, page 4 B states: Each facility Superintendent within DCR shall designate a PREA Compliance Manager, who will be the second highest ranking person. Those serving as PREA Compliance Managers within the Bureau of Juvenile Services upon the effective date of this policy will remain in effect at the discretion of the Director of PREA Compliance.</p> <p>Policy # 430.00, in its entirety, addresses the agency's approach to ensure prevention, detection and responding to sexual abuse and sexual harassment. The policy is detailed and straight forward on:</p> <ol style="list-style-type: none"> <li>I. Prevention Planning</li> <li>II. Supervision and Monitoring</li> <li>III. Staff Training</li> <li>IV. Offender Education</li> <li>V. Screening for Risk of Sexual Victimization and Abusiveness</li> <li>VI. Reporting</li> <li>VII. Official Response</li> <li>VIII. Investigations</li> <li>IX. Staff Discipline</li> <li>X. Offender Discipline</li> <li>XI. Medical and Mental Health</li> <li>XII. Data Collection and Review</li> <li>XIII. Audits</li> <li>XIV. Pertains Only to Juvenile Facilities</li> </ol>

PREA Standard§ 115.11 mandates that each facility designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The Superintendent for the James H Tiger Morton Juvenile Center has designated Meredith Rardin, Case Manager as the PREA Compliance Manager for the facility.

Comments:

The West Virginia Division of Corrections and Rehabilitation takes the Prison Rape Elimination Act very seriously. They have developed the Office of PREA Compliance (statewide) which deals strictly with the components of PREA. This Department is responsible to the Assistant Commissioner, Inspector General Bureau. The Office of PREA Compliance is made up of the Director, two (2) PREA Compliance Officers (one for prisons and jails, the other for juveniles) and a secretary. The two (2) PREA Compliance Officers oversee 36 facility Compliance Managers (sixteen (16) prisons, ten (10) jails and ten (10) juvenile facilities. Each facility has a designated Compliance Manager assigned who has the responsibilities associated with PREA and reports to the Director of PREA Compliance and the Superintendent of the facility.

115.312	<p><b>Contracting with other entities for the confinement of residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview:</p> <p>West Virginia Division of Corrections and Rehabilitation, Commissioner</p> <p>West Virginia Division of Corrections and Rehabilitation, Assistant Commissioner On or after August 20, 2012 or since the last PREA audit, whichever is later:</p> <p>The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 2</p> <p>The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0</p> <p>On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of contracts that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0</p> <p>Policy # 430.00, page 5 C states: Any new contract or contract renewal for the confinement of offenders shall include an obligation to:</p> <ol style="list-style-type: none"> <li>1. Comply with PREA Standards,</li> <li>2. Comply with DCR policy,</li> <li>3. Ensure that the contracted facility is complying with the PREA standards by monitoring the facility performance.</li> </ol> <p>Comments:</p> <p>The Agency reports that it has entered or renewed two contracts for the confinement of residents since their last PREA audit. Currently the Agency contracts with Ronald Mulholland and Youth Services Systems for the confinement of youthful offenders. Contracts were provided by the Agency for review.</p>
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115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) 2021 James H Tiger Morton Juvenile Center Staffing Plan</p> <p>2021 PREA Staffing Review Post Assignment Roster Position List Samples of Supervisor's Checklist – 2020- 2021 – Unannounced Rounds</p> <p>Interviews:</p> <p>Superintendent</p> <p>Director of Office of PREA Compliance</p> <p>PREA Compliance Manager</p> <p>Site Review:</p> <p>PREA Posters were observed throughout facility.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later:</p> <p>The average daily number of residents: 17</p> <p>The average daily number of residents on which the staffing plan was predicated: 24</p> <p>Policy # 430.00, page 5 A states: DCR shall ensure that each of its facilities develops, documents and makes its best efforts to comply with the PREA staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol style="list-style-type: none"> <li>1. Generally accepted detention and correctional practices.</li> <li>2. Any judicial finding of inadequacy.</li> <li>3. Any findings of inadequacy from federal investigative agencies.</li> <li>4. Any findings of inadequacy from internal or external oversight bodies.</li> <li>5. All components of the facility's physical plant (including blind spots or areas where staff or residents may be isolated).</li> <li>6. The composition of the offender population.</li> <li>7. The number and placement of supervisory staff.</li> <li>8. Facility programs occurring on various shifts.</li> <li>9. Any applicable State or local laws, regulations or standards.</li> <li>10. Any prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>11. Any other relevant factors.</li> </ol> <p>Policy # 430.00, page 5 B states: In circumstances where the staffing plan is not complied with, the Facility PREA Compliance Manager or designee shall document the noncompliance, in writing, and justify all deviations from the plan. This documentation will be forwarded to the Facility Superintendent, appropriate Assistant Commissioner and the Office of PREA Compliance.</p> <p>Policy # 430.00, page 5 C states: Whenever necessary, but no less frequently than once a year, the Facility PREA Compliance Manager from each facility, in consultation with the Office of PREA Compliance, shall assess, determine and document whether adjustments are needed to:</p> <ol style="list-style-type: none"> <li>1. The PREA staffing plans.</li> </ol>

2. Prevailing staffing patterns.
3. The facility's deployment of video monitoring systems and other monitoring technologies.
4. The resources the facility has available to commit to ensure adherence to the staffing plan.

Policy # 430.00, page 6 E states: In an effort to identify and deter staff sexual abuse and sexual harassment, the Facility Superintendent shall ensure that the PREA Compliance Manager is completing unannounced rounds on all shifts. These rounds will be conducted in all areas of the facility, specifically in all offender living areas. Completion of unannounced rounds shall be documented in the appropriate database.

Policy # 430.00, page 6 F states: Any staff member found to be alerting other staff that these rounds are occurring will be subject to disciplinary action unless such announcement is related to the legitimate operational functions of the facility.

Comments:

There have been no deviations from the staffing plan in the last twelve months. The facility ensures that all shifts are fully staffed at all times. This was confirmed through an interview with the Superintendent. During the residents' waking hours the facility maintains a 1:8 ratio and during the residents' sleeping hours the facility maintains a 1:16 ratio. Initially auditor questioned whether the facility was within designated daytime ratio. After discussion with facility PCM and Agency Compliance Director and verification of counselor training, the issue was resolved. Administration understands that it is imperative that staff are present in any areas occupied by youth.



115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Policy Directive #411.00; Subject: Gender Nonconforming Residents</p> <p>Policy and Procedure #17004; Subject: Strip Search of Residents Policy Directive #111; Subject – Training and Employee Development Training Curriculum - Staff Training Logs</p> <p>Interviews:</p> <p>Staff</p> <p>Residents</p> <p>Site Review:</p> <p>In the past 12 months:</p> <p>The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0</p> <p>The number 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: 0</p> <p>In the past 12 months:</p> <p>The number of pat-down searches of female residents conducted by male staff: 0</p> <p>The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances: 0</p> <p>Percent of all security staff who 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: 100%</p> <p>Policy # 430.00, page 6 G states: Staff shall not conduct cross gender pat-down, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with current Policy. All exigent cross- gender searches will be documented via incident report. For a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. If these searches occur, they shall be documented.</p> <p>Policy # 430.00, page 6 H states: Residents shall be able 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. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well.</p> <p>Policy # 430.00, page 6 I states: Staff shall announce their presence every time they enters offender's housing unit of the opposite gender to indicate that there will be someone of the opposite gender on the unit.</p> <p>Policy # 430.00, page 6 J states: Facilities shall not search or physically examine a transgender or intersex offender for the sole purpose of determining genital status. If unknown, staff should attempt to determine the genital status through conversations with the offender or by reviewing medical records.</p> <p>Policy # 430.00, page 6 K states: Staff shall be trained to conduct pat searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security.</p> <p>Policy Directive 411, page 3, III B states: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.</p> <p>Policy Directive 411, page 3, III F states: Facilities shall make all attempts to take into consideration residents/resident preference when assigning staff members to perform strip searches. In exigent circumstances, cross gender searches may occur.</p> <p>Policy 17006, page 3, Procedure B states: A transgender residents shall not be strip searched randomly or as a form of</p>

harassment. All pat-downs and strip searches shall be conducted in accordance with policy 17004 "Strip Search Procedures" and 13015 "Pat-Down Searches". At no time will an officer pat-down or strip search a resident to determine the resident's sex and/or anatomy. If the resident's anatomy is unknown, it may be determined by conversations with the residents or by reviewing medical records.

Policy Directive #111, page 5 – 6 states: OJT, Basic, and In-Service Training for any person who works in or with the WVDCR, including vendors, contractors, and volunteers, shall minimally include:

- A. The zero-tolerance policy for sexual abuse and sexual harassment.
- B. How to fulfill their responsibilities under the WVDCR's sexual misconduct prevention, detection, reporting, and response policies and procedures.
- C. Residents/residents right to be free from sexual abuse and sexual harassment, and the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- D. The dynamics of sexual abuse and sexual harassment in confinement.
- E. The common reactions of sexual abuse and sexual harassment victims.
- F. How to detect and respond to signs of threatened and actual sexual abuse.
- G. How to avoid inappropriate relationships with residents.
- H. How to communicate effectively and professionally with everyone, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons.
- I. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- J. All such training shall be tailored to the gender of the residents/residents at the employee's facility, and employees shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.
- K. Each employee will complete refresher training at least every two (2) years to ensure that all employees know the WVDCR's current sexual abuse and sexual harassment policies and procedures; in years in which an employee does not receive refresher training, the employee shall be provided refresher information on current sexual misconduct policies.
- L. All such training shall be documented through employee signature or electronic verification that employees understand the training they have received.

Comments:

This facility does not conduct cross gender searches. At the time of the on-site audit, there were no transgender or intersex residents at this facility. Auditor confirmed through observation and interviews that residents have privacy while changing clothes, showering, and using the toilet.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Piedmont Global Language Services Contract</p> <p>Interviews:</p> <p>Commissioner</p> <p>Assistant Commissioner</p> <p>Staff</p> <p>Residents with Cognitive Disabilities</p> <p>Site Review:</p> <p>Residents Handbook, PREA Posters and PREA Hotline number posted throughout the facility.</p> <p>In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the residents' safety, the performance of first-response duties under §115.64, or the investigation of the residents' allegations: 0</p> <p>Policy # 430.00, page 6 L states: Facilities shall take reasonable steps to ensure all residents with disabilities and those who are limited English proficient have meaningful access and equal opportunity to participate in or benefit from all aspects of the DCR's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall use the contracted translation services to facilitate communication with the offender.</p> <p>Policy # 430.00, page 6 – 7 M states: Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with residents with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that they understand the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to residents through posters, or other written formats.</p> <p>Policy # 430.00, page 7 N states: Only staff members or qualified contractors will provide translation for residents. The DCR shall not rely on offender interpreters, readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.</p> <p>Comments:</p> <p>Interviews with staff and residents confirmed resident interpreters were not used during the last 12 months. Written materials are given to residents when they arrive at the facility and PREA signage is posted around the facility. The residents interviewed with cognitive or developmental disabilities knew about PREA and were able to answer related questions. Staff are aware of need to reach out to supervisors for assistance when engaging with a LEP youth if needed. All youth interviewed expressed a comfort level in communicating with trusted staff.</p>

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 451 300">Materials Reviewed:</p> <p data-bbox="240 331 1489 421">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Policy and Procedure #3005; Subject - Pre-Employment Application, Personnel Files of Staff, Criminal Background Checks, Personnel Files of background checks of contractors/volunteers, Personnel Files of Staff four-year background records checks</p> <p data-bbox="240 456 341 483">Interview:</p> <p data-bbox="240 515 432 542">Human Resources</p> <p data-bbox="240 573 1366 631">In the past 12 months: The number of persons hired who may have contact with residents who have had criminal background record checks: 7</p> <p data-bbox="240 663 1469 689">The percent of person hired who may have contact with residents who have had criminal background record checks: 100%</p> <p data-bbox="240 721 1489 779">In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 6</p> <p data-bbox="240 810 1453 869">The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%</p> <p data-bbox="240 900 775 927">A review of Interview questions showed the following:</p> <ul data-bbox="240 958 1485 1312" style="list-style-type: none"> <li data-bbox="240 958 991 985">• What will you do if you see a co-worker breaking the rules or regulations?</li> <li data-bbox="240 1016 1465 1043">• If you see a co-worker making inappropriate comments or behavior in a sexual manner to a resident, what would you do?</li> <li data-bbox="240 1075 1433 1133">• Have you ever engaged in sexual abuse or sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?</li> <li data-bbox="240 1164 1485 1223">• Have you ever been criminally convicted of engaging or attempting to engage in coerced or forced sexual activity, including any type of sexual misconduct or sexual harassment?</li> <li data-bbox="240 1254 1458 1312">• Have you ever been civilly or administratively found liable for engaging in coerced or forced sexual activity, including any type of sexual misconduct or sexual harassment?</li> </ul> <p data-bbox="240 1344 1489 1671">Policy # 430.00, page 7 states: All individuals who may have contact with residents will be asked to disclose previous misconduct during interviews for hiring, promoting or as part of reviews of current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct. DCR shall not hire, promote or enlist the services of any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activity. The DCR shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p data-bbox="240 1702 1414 1792">Policy # 430.00, page 7 P states: A background investigation will be completed before hiring or promoting employees, enlisting the services of contractors, interns or volunteers. The DCR shall conduct criminal background checks of all employees, volunteers, interns and contractors every four years.</p> <p data-bbox="240 1823 1485 1984">Policy # 430.00, page 7 Q states: Consistent with Federal, State, and local law, the DCR must 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. Unless prohibited by law or policy, the DCR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer from whom the employee has applied to work.</p> <p data-bbox="240 2016 360 2042"><b>Comments:</b></p> <p data-bbox="240 2074 1477 2132">Staff personnel files were reviewed for compliance of this standard. All files reviewed had up-to-date criminal history checks. By utilizing pre-hire criminal background checks, reviewing the questionnaire (noted above), on-going criminal background</p>

checks, and human resource standards, it appears that facility met all policy requirements when making hiring or promotion decisions. This is also true for contractors and volunteers. The Office of PREA Compliance requires criminal history checks every four (4) years. Human Resource staff states that if they receive a request from a potential employer for a former employee, they would be able to answer the question "Would you rehire this individual".

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews:</p> <p>Commissioner</p> <p>Assistant Commissioner Superintendent</p> <p>Policy # 430.00, page 7 R states: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DCR shall consider the effect of the design, acquisition, expansion, or modification upon the DCR's ability to protect residents from sexual abuse. The PREA Compliance Manager will be responsible for consulting with the Office of PREA Compliance, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DCR shall consider how such technology may enhance the DCR's ability to protect residents from sexual abuse.</p> <p>Comments:</p> <p>The facility reports that no expansion, remodel, or additions of camera equipment has been made to the facility since the last audit.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), PREA Checklist Medical - PREA Checklist FPCO - PREA Checklist, West Virginia State Police Service Agreement, MOU WVFRIS, Charleston Area Medial Children's Advocacy Center (CAC)</p> <p>Interviews:</p> <p>Staff</p> <p>SANE provider</p> <p>PREA Compliance Manager</p> <p>Health Services Administrator</p> <p>In the past 12 months:</p> <p>The number of forensic medical exams conducted: 0</p> <p>The number of exams performed by SANES/SAFEs: 0</p> <p>The number of exams performed by a qualified medical practitioner: 0</p> <p>Policy # 430.00, page 16 - 17 F states: Administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The protocol shall be adapted from OJ: ' 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.</p> <p>Policy # 430.00, page 17 I states: As requested by the victim, the 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 investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.</p> <p>Policy # 430.00, page 17 E states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress.</p> <p>Policy # 430.00, page 20 B states: Victims of sexual abuse shall 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. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy # 430.00, page 20 C states: The facility will use the list of local hospitals that employ a SANE (Sexual Assault Nurse Examiner), to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam must be documented. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Policy # 430.00, page 20 D states: The DCR shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DCR shall provide a qualified staff member to provide these services. Agencies shall document efforts to secure services from rape crisis centers. If requested by the victim, a victim advocate, qualified DCR staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the DCR itself is not responsible for</p>

investigating allegations of sexual abuse; the DCR shall request that the investigating agency follow the requirements within policy.

James H Tiger Morton Juvenile Center has an MOU with Charleston Area Medial Children's Advocacy Center (CAC) to perform all SANE exams and provide an advocate for youth who suffer sexual abuse. In addition, CAC will provide transportation for the youth to the center where the SANE exam will be performed and conduct forensic interviews to gather evidence for the investigators.

Comments:

The facility investigators only complete administrative investigations. WV CID conducts all other investigations unless it is determined that case should be referred to the West Virginia State Police. The written agreement between the agency and the WV State Police is for the purpose of responding, investigating and if needed legally charging sexual assault/rape perpetrators for incidents that occur while incarcerated at any of the West Virginia Regional Facilities. Partnership will commence on any date set forth and will be managed and maintained in compliance with PREA Standards.

The interview with the facility PREA Investigator verified the protocol taken in evidence collection. The interviews with staff confirmed they were aware of the format to collect evidence if required to do so.

Facility supervisors and the Health Services Administrator stated that no victim is ever charged for any examination, medical follow-up, or advocacy services (to include psychiatric care) related to sexual abuse or harassment. Additionally, all stated that forensic (PREA) examinations do not occur at the facility. The PREA Checklists were concise and well maintained.



115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 448 300">Materials Reviewed:</p> <p data-bbox="242 329 1158 358">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p data-bbox="242 387 352 416">Interviews:</p> <p data-bbox="242 445 424 474">Investigative Staff</p> <p data-bbox="242 504 469 533">In the past 12 months:</p> <p data-bbox="242 562 1123 591">The number of allegations of sexual abuse and sexual harassment that were received: 4</p> <p data-bbox="242 620 954 649">The number of allegations resulting in an administrative investigation: 4</p> <p data-bbox="242 678 863 707">The number of allegations referred for criminal investigation: 0</p> <p data-bbox="242 736 1477 826">Policy # 430.00, page 16 A states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <ol data-bbox="242 855 1493 1368" style="list-style-type: none"> <li>1. Individuals conducting these investigations will receive specialized training.</li> <li>2. Staff members, as designated by the Superintendent, shall do an inquiry on offender on offender harassment allegations.</li> <li>3. CID investigators will conduct investigations on all staff on offender allegations and offender on offender sexual abuse allegations.</li> <li>4. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation.</li> <li>5. Investigations will be promptly, thoroughly, and objectively completed for all allegations, including third party and anonymously reported allegations. The reports and all related documentation are to be entered in the appropriate tracking system.</li> <li>6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations. Failure to cooperate with the investigation, such as withholding known information, withholding evidence or giving false statements will result in disciplinary action.</li> </ol> <p data-bbox="242 1397 1422 1529">Policy # 430.00, page 16 E states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress.</p> <p data-bbox="242 1559 1465 1648">Policy # 430.00, page 16 C states: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.</p> <p data-bbox="242 1680 360 1709">Comments:</p> <p data-bbox="242 1738 1457 1827">All PREA allegations are filtered through the PREA Compliance Manager. She then forwards the report to the investigator and Office of PREA Compliance. All allegations are investigated. If an allegation meets the level of a criminal action, the investigation is sent to the West Virginia State Police.</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Material Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Policy Directive #111; Subject: Training and Employee Development, Training Curriculum - Cross Gender Viewing/Searches, Curriculum / Lesson Plan - Prison Rape Elimination Act for Employees and Contract Staff PREA Training Orientation – Handout, Review of Staff Training Records</p> <p>Interviews:</p> <p>Random Staff</p> <p>The PREA Lesson Plan Performance Objectives include: Defining Zero Tolerance Policy and key definitions; Learn about residents' right to be free of abuse, harassment and retaliation; Defining your responsibilities under the policy; Understand announcements and searches; List which residents are particularly vulnerable to abuse; Understand the common reactions to sexual abuse; Learn how to detect signs of threatened and actual sexual abuse; Define First Responder duties; Explain how to handle disclosures; Explain how to complete an incident report; Explain false reports and how to handle them; Learn how to communicate professionally and respectfully with residents, including LGBTI residents; and Define how to avoid inappropriate relationships. The PREA Orientation Handout includes PREA Basics Policy; Relevant Laws; Zero-Tolerance Policy; Definitions.</p> <p>Residents-on-Residents Sexual Abuse; Staff-on-Residents Sexual Abuse; Staff Sexual Misconduct; Your Responsibilities (Prevention &amp; Detection, Reporting); Residents Reporting; Remember: Every Report Counts; Announcement Policy (when entering housing unit of the opposite gender); Search Policy; Cross-Gender Searches Policy; Notes on Cross Gender Searches; Searches of Transgender Residents; Dynamics of Sexual Abuse in Confinement Settings; Vulnerable Populations; What Does Sexual Abuse Look Like?; Common Reactions; Additional Signs to Watch For; Remember; First Responders; Initial Contact with a Victim; First Responder Duties; Investigations; Writing a full Report; Can False Reports Get Filed?; Preserving Reporting Culture; Effective Communications; Responding to Requests; Residents with Limited English; Talking to LGBTI residents; Terms you Shouldn't Use; The use of Pronouns; Avoiding Inappropriate Relationships; Examples of Inappropriate Behavior; Professionalism Compromised and Wrap-up and Quiz.</p> <p>The Trainer's Manual is quite lengthy. It goes into great detail in the following areas: PREA Zero-Tolerance Policy, Definitions, Residents-on-Residents Sexual Abuse, Staff-on-Residents Sexual Abuse, Staff Sexual Misconduct, Your Responsibilities: Prevention &amp; Detection, Your Responsibilities: Reporting, Residents Reporting, Remember: Every Report Counts!, Announcement Policy, Search Policy, Cross-Gender Searches Policy, Notes on Cross Gender Searches, Searches of Transgender Residents, Dynamics of Sexual Abuse in Confinement Settings, Vulnerable Populations, What Does Sexual Abuse Look Like?, Common Reactions,</p> <p>Additional Signs to Watch For, First Responders, Initial Contact with a Victim, First Responder Duties, Investigations, Writing a Full Report, Can False Reports Get Filed? Preserving Reporting Culture, Effective Communication, Responding to Requests, Talking to LGBT Residents, Residents with Limited English, Terms you Shouldn't Use, The Use of Pronouns, Avoiding Inappropriate Relationships, Examples of Inappropriate Behavior, and Professionalism Compromised</p> <p>Policy Directive #111, page 5 – 6 states: OJT, Basic, and In-Service Training for any person who works in or with the WVDCR, including vendors, contractors, and volunteers, shall minimally include:</p> <ul style="list-style-type: none"> <li>A. The zero-tolerance policy for sexual abuse and sexual harassment.</li> <li>B. How to fulfill their responsibilities under the WVDCR's sexual misconduct prevention, detection, reporting, and response policies and procedures.</li> <li>C. Residents/residents right to be free from sexual abuse and sexual harassment, and the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</li> <li>D. The dynamics of sexual abuse and sexual harassment in confinement.</li> <li>E. The common reactions of sexual abuse and sexual harassment victims.</li> <li>F. How to detect and respond to signs of threatened and actual sexual abuse.</li> <li>G. How to avoid inappropriate relationships with residents.</li> </ul>

H. How to communicate effectively and professionally with everyone, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons.

I. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

J. All such training shall be tailored to the gender of the residents/residents at the employee's facility, and employees shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

K. Each employee will complete refresher training at least every two (2) years to ensure that all employees know the WVDCR's current sexual abuse and sexual harassment policies and procedures; in years in which an employee does not receive refresher training, the employee shall be provided refresher information on current sexual misconduct policies.

L. All such training shall be documented through employee signature or electronic verification that employees understand the training they have received.

Policy # 430.00, page 8 B states: At a minimum, the training shall include the following information:

1. Sexual contact with an offender is prohibited.
2. Offender's right to report if sexual contact occurs.
3. The zero-tolerance policy against sexual abuse and sexual harassment within the DCR.
4. How staff are to fulfill their responsibilities under the Division's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy.
5. Residents' right to be free from sexual abuse and sexual harassment.
6. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
7. The dynamics of sexual abuse and sexual harassment in confinement.
8. The common reactions of sexual abuse and sexual harassment victims.
9. How to detect and respond to signs of threatened and actual sexual abuse.
10. How to avoid inappropriate relationships with residents.
11. How to communicate effectively and professionally with residents, including LGBTI or gender nonconforming residents.
12. How to comply with relevant laws of West Virginia related to mandatory reporting of sexual abuse to outside authorities.
13. Sexual Misconduct in Confinement Facilities.

Policy # 430.00, page 8 D states: Staff training shall be appropriate to the gender of the residents within the facility.

Policy # 430.00, page 8 E states: The DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR's current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with residents have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Policy # 430.00, page 8 C states: Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance.

Comments:

Monthly PREA refreshers are sent out to each facility via the Office of PREA Compliance. Training records are concise and easy to review. All file reviews showed that training is updated, signatures are readily available, and training is now current. Interviews with staff show that they are aware of the components of PREA. As the facility houses both female and male residents, all employees are trained.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Staff Training, Medical, Contractors and Volunteers, PREA Handout for Contractors and Volunteers</p> <p>Interviews:</p> <p>Contractor Staff</p> <p>The number of volunteers and individual contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 5</p> <p>The percent of volunteers and individual contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response: 100%</p> <p>Policy # 430.00, page 8 A states: A. All employees, contractors, volunteers and interns will receive training regarding DCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire.</p> <p>Policy # 430.00, page 8 C states: Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance.</p> <p>Policy # 430.00, page 8 E states: The DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR's current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with residents have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Comments:</p> <p>This facility does have five contractors who have contact with residents. Volunteers and Contractors receive the same training as staff. Volunteers are currently prohibited from entering any DJS facility due to Covid concerns.</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 448 300">Materials Reviewed:</p> <p data-bbox="240 329 1406 389">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Policy and Procedure – Residents Intake Procedures</p> <p data-bbox="240 421 352 450">Interviews:</p> <p data-bbox="240 479 293 508">Staff</p> <p data-bbox="240 537 344 566">Residents</p> <p data-bbox="240 595 360 624">Intake Staff</p> <p data-bbox="240 654 363 683">Site Review</p> <p data-bbox="240 712 1042 741">Review of Posters, Resident Handbook, Resident's Files, Residents' Orientation</p> <p data-bbox="240 770 1474 925">Policy # 430.00, page 9 – 10 A states: During the intake process, residents shall receive educational information explaining, in an age-appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to residents individually or in groups. At a minimum, the offender shall receive:</p> <ol data-bbox="240 954 1493 1727" style="list-style-type: none"> <li>1. Information regarding the agencies reporting procedures.</li> <li>2. Information related to 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.</li> <li>3. The facility shall 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. The facility shall enable reasonable confidential communication between residents and these organizations.</li> <li>4. The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be placed in the offender's record.</li> <li>5. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</li> <li>6. Within thirty (30) days of intake, residents shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Residents should sign an acknowledgement of receiving training. If the acknowledgement is electronically signed, it shall be printed and placed in the offender's record. (115.33 (b))</li> <li>7. It is mandatory that residents attend PREA training. Residents refusing, without good cause, shall be disciplined. The Facility PREA Compliance Manager or designee can make accommodations for residents who have been previously sexually abused or who may have other good cause to find the training too difficult in a group setting.</li> </ol> <p data-bbox="240 1756 1469 1910">Policy # 430.00, page 10 H states: When a new offender is received from another DCR facility, staff shall check the offender's Institutional Record for documentation that he or she has previously completed all PREA training. The offender shall be provided a handbook, if needed, and will be given PREA training to the extent that the procedures of the offender's new facility differ from those of the previous facility. If documentation is not found or if they leave custody and return, they shall be provided the required PREA training.</p> <p data-bbox="240 1939 1490 2141">Policy # 430.00, page 6 – 7 M states: Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with residents with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that they understand the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to residents through posters, or other written form</p>

Policy # 430.00, page 10 #4 states: The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be placed in the offender's record.

Comments:

All residents receive PREA information, no matter the length of their stay. PREA posters are posted on the walls and Handbooks with PREA information is provided to all youth. The PAQ contained uploaded proof of training with signatures of youth admitted to the facility in the last 12 months. The resident handbook covers all aspects of PREA, provides education on all topics associated with PREA Compliance and their right to be free of sexual abuse and sexual harassment.

115.334	<p><b>Specialized training: Investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Verification of Training of Investigators/Records, NIC Training Certificates, “Miranda, Garrity, PREA, and Such” Training Curriculum, “Interview of Sexual Assault Victims in A Confinement Setting” Training; Developed by: D.L. Rosier, Jr., Former Deputy Director DMAPS Investigation Unit, “PREA – Report Writing” Training; Prepared by D.L. Rosier, Jr., Former Deputy Director, DMAPS Investigation Unit</p> <p>Interview:</p> <p>Investigative Staff</p> <p>Policy # 430.00, page 8 – 9 F states: In addition to the general training provided to all employees pursuant to § 115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigations Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance. This specialized training will include but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Interviewing sexual abuse victims,</li> <li>2. Proper use of Miranda warnings and the Garrity rule,</li> <li>3. Sexual abuse evidence collection in confinement settings,</li> <li>4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.</li> </ol> <p>Comments:</p> <p>This facility provided training records for staff. These records include verification of NIC training (PREA: Your Role Responding to Sexual Abuse), (Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations), completion of the “Miranda Rights and Garrity Warning Training”, completion of the “Report Writing – PREA Investigations” and completion of the “Interview of Sexual Assault Victims in a Confinement Setting”.</p>
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115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), NIC Training Certificates for “PREA: Medical and Mental Health Care for Sexual Assault Victims in a Confinement Setting”</p> <p>Interview:</p> <p>Health Services Administrator</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 5</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%</p> <p>Policy # 430.00, page 9 G states: G. In addition to the general training provided by the facility during Orientation, all full- and part-time medical and mental health staff shall receive additional specialized training regarding victims of sexual abuse and sexual harassment. This training will be coordinated and completed by a qualified source. All medical staff must receive this training during orientation, but no later than one (1) month after effective date of hire.</p> <p>Contracted medical staff employed by the DCR will not conduct forensic examinations. This specialized training will include, but is not limited to:</p> <ol style="list-style-type: none"> <li>1. How to detect and assess signs of sexual abuse and sexual harassment.</li> <li>2. How to preserve physical evidence of sexual abuse.</li> <li>3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.</li> <li>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ol> <p>Comments:</p> <p>In the interviews with Health Service Administrator, training logs and review of training certificates for medical and mental health staff documented the completion the required training at the facility and through NIC. The training logs and training certificates for Medical and Mental Health Services staff showed completion of required facility training.</p> <p>Medical staff does not complete forensic examinations. All examinations of this type are completed at CAC who also provides an advocate to comfort a youth during the exam, during questioning and thereafter with any needs associated with the assault. WV Division of Corrections and Rehabilitation also has an MOU with WVFRIS to provide services for victims of sexual abuse.</p>



115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), PREA Screening Instrument – Initial and Reassessment</p> <p>Interviews:</p> <p>Residents</p> <p>Staff Responsible for Risk Screening</p> <p>PREA Compliance Manager</p> <p>In the past 12 months: The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 86</p> <p>The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%</p> <p>In the past 12 months: The number of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received through intake: 86</p> <p>The percent of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received through intake: 100%</p> <p>Policy # 430.00, page 10 A states: All residents shall be assessed individually and in a private setting during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents prior to housing in general population.</p> <p>Policy # 430.00, page 10 B states: The screening will occur:</p> <ol style="list-style-type: none"> <li>1. Within 72 hours of intake,</li> <li>2. Upon transfer to a new facility,</li> <li>3. After an incident of sexual abuse,</li> <li>4. Or when warranted due to a referral, request, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.</li> </ol> <p>Policy # 430.00, page 10 – 11 C states: This shall be accomplished by using an objective PREA Screening Instrument to gather the following information:</p> <ol style="list-style-type: none"> <li>1. Known or perceived gender nonconforming appearance or identifies as lesbian, gay, bisexual, transgender or intersex (LGBTI) and whether the offender may therefore be vulnerable to sexual abuse.</li> <li>2. Whether the offender has a mental, physical, or developmental disability.</li> <li>3. Offender's age and physical build.</li> <li>4. Current charge, offense history and whether the offender has been previously incarcerated for convictions for sex offenses against an adult or child or a history of acts of sexual abuse.</li> <li>5. Whether the offender's criminal history is exclusively non-violent.</li> <li>6. Whether the offender has previously experienced sexual victimization.</li> <li>7. The offender's own perceptions of her or his vulnerability.</li> </ol>

8. Any specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

9. Whether the offender is detained solely for civil immigration purposes.

Policy # 430.00, page 11 D/E states: The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the DCR, in assessing residents for risk of being sexually abusive. This information shall be ascertained through:

1. Conversations with the residents during the intake process.

2. Medical and mental health screenings.

3. During classification assessments.

By reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's files.

Policy # 430.00, page 11 F states: Facility staff and contractors involved in the assessment process will not disseminate responses to the screening questions or other sensitive information which may be exploited to the offender's detriment by staff or other residents. Residents determined to be at risk for sexual victimization if assigned to general population will be identified. This information will be documented in the offender's file, and in the appropriate database. Residents may not be disciplined for refusing to answer or for not disclosing complete information. If an offender refuses to disclose the information requested, housing placement should be based on a review of the offender's records.

Policy # 430.00, page 11 G states: The Superintendent shall designate specific staff to complete PREA reassessments. PREA reassessment shall be completed within a set time period, not exceed 30 days from the offender's arrival at the facility. The facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Comments:

The PREA Screening Instrument (Initial and Reassessment) was reviewed and contains all the elements of 115.41 (d) (e). The completion of the Initial Assessment occurs during the resident's intake. The Superintendent has directed the Counselors at the facility to ensure completion of the Reassessments within the allotted time frames. The Office of PREA Compliance has completed a format for the completion of these Reassessments, to include when additional reassessments should occur. All reviewed Assessment and Reassessment were in compliance with this standard.

When Assessments and Reassessments are completed, the forms are placed in the residents' files. These files are kept behind locked doors with limited access. When, if any youth are being kept separate and/or potential victim or predators are noted, an "Alert" is posted in their computer system. Only supervisors have access to the "Alerts", which are used for housing assignments. (Note: only supervisors can make housing assignments or changes.)

115.342	<b>Placement of residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 442 300">Materials Reviewed</p> <p data-bbox="242 329 1398 389">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Review of records and documentation of housing assignments of residents at high risk for sexual Victimization (NA)</p> <p data-bbox="242 421 341 450">Interview:</p> <p data-bbox="242 479 400 508">Superintendent</p> <p data-bbox="242 537 1490 566">Interview of Residents in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) (NA)</p> <p data-bbox="242 595 1422 656">The number of residents at risk of sexual victimization who were held in involuntary segregation housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0</p> <p data-bbox="242 685 1461 745">In the past 12 months, the number of residents at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0</p> <p data-bbox="242 775 1473 902">Policy # 430.00, page 12 K states: Residents with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than 24 hours while completing the assessment.</p> <p data-bbox="242 931 1473 992">Policy # 430.00, page 12 L states: If an involuntary segregation housing assignment is made, the facility PREA Compliance Manager shall clearly document the following:</p> <ol data-bbox="242 1021 957 1167" style="list-style-type: none"> <li data-bbox="242 1021 919 1050">1. The basis for the staff member's concern for the offender's safety;</li> <li data-bbox="242 1079 927 1108">2. The other alternative means of separation that were explored; and</li> <li data-bbox="242 1137 957 1167">3. The reason why no alternative means of separation can be arranged.</li> </ol> <p data-bbox="242 1196 1477 1357">Policy # 430.00, page 12 – 13 M states: Offenders placed in involuntary segregation for protection from sexual victimization shall have access to programs, privileges and education. Work opportunities shall be afforded to the offender to the extent possible. If limited, the facility must document the reasoning for limiting these opportunities and the duration of the limitation. If no immediate alternatives are identified, the facility may assign residents to involuntary segregation until an alternative means of separation from likely abusers can be arranged.</p> <p data-bbox="242 1386 1485 1581">Such assignment shall not ordinarily exceed 30 days, if an extension of involuntary segregation beyond 30 days is necessary, the facility shall clearly document the basis for concern of the offender's safety and why no other alternative means of separation can be arranged. Any extension beyond 30 days must be approved by the facility Superintendent within 72 hours of being implemented. Any assignment to involuntary segregation must be reported to the Facility PCM within 24 hours. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="242 1610 360 1639">Comments:</p> <p data-bbox="242 1668 1453 1765">The Superintendent stated that only under extreme conditions would a resident be placed in involuntary segregation. This assignment would not restrict the residents from activities. If it does become necessary to segregate a youth, the facility would look at other means of lesser restriction, such as moving the resident to another facility.</p>

115.351	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews:</p> <p>Residents</p> <p>PREA Compliance Manager</p> <p>Site Review:</p> <p>PREA Poster for Reporting Sexual Abuse and Residents Handbook</p> <p>Policy # 430.00, page 13 A states: Residents shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other residents or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The DCR shall distribute publicly through the DCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.</p> <p>Policy # 430.00, page 13 B states: All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from residents who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PCM. Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.</p> <p>Policy # 430.00, page 13 C states: Staff can privately report information about sexual assault and sexual harassment by submitting a confidential report to the Superintendent, PREA Compliance Manager or the Office of PREA Compliance.</p> <p>The resident's handbook has the following information on ways to report sexual abuse and sexual harassment:</p> <p>Report the information to any one you trust, staff member, facility PREA Compliance Manager, family members, attorneys or outside advocates.</p> <p>Request to see the onsite medical or mental health provider.</p> <p>Place a written complaint in the locked PREA Box or grievance box.</p> <p>Notify outside law enforcement, local, county or state. Call the WV DHHR child Abuse Hot Line 1-800-352-6513. Call the Bureau of Juvenile Services sexual abuse hotline 1-855-366-0015. Email your complaint to dcrprea@wv.gov. Mail the complaint to DCR Office of PREA Compliance 1409 Greenbrier Street, Charleston WV 25311.</p> <p>Supreme Court Juvenile Justice Commission via United States Mail (pre-addressed envelopes provided with postage pre-paid).</p> <p>You can also visit <a href="https://dcr.wv.gov/aboutus/Pages/prea.aspx">https://dcr.wv.gov/aboutus/Pages/prea.aspx</a>.</p> <p>Comments:</p> <p>Staff and residents were able to share the different ways they could report to include privately and anonymously. Staff stated in interviews, if they received a report in any fashion, they were to immediately report and complete an Incident Report. Some interviewed youth were not aware how to make an anonymous report, all youth were aware of two ways to report sexual abuse and harassment.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Residents Handbook, Grievances, Investigations</p> <p>Interviews:</p> <p>Residents who Reported Prior Sexual Abuse</p> <p>The past 12 months: The number of grievances filed that alleged sexual abuse: 4</p> <p>The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 4</p> <p>The number of grievances alleging sexual abuse that involved extension that final decision was not reached within 90 days: 0</p> <p>The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the residents declined third-party assistance, containing documentation of the residents' decision to decline: 0</p> <p>The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0</p> <p>The number of those grievances that had an initial response within 48 hours: NA</p> <p>In the past 12 months, the number of residents grievances alleging sexual abuse that resulted in disciplinary action by the agency against the residents for having filed the grievance in bad faith: 0</p> <p>The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0</p> <p>Policy # 430.00, page 13 D states: An offender may also report abuse by using the DCR grievance process. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The DCR may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The DCR shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the DCR's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. The agency shall ensure that-</p> <ol style="list-style-type: none"> <li>1. Any resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and;</li> <li>2. Such grievance is not referred to a staff member who is the subject of the complaint.</li> </ol> <p>Policy # 430.00, page 14 E states: DCR shall 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.</p> <p>Policy # 430.00, page 14 F states: Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of residents. CID will discuss the allegation with the alleged victim and proceed with an investigation if the allegation occurred in a correctional setting.</p> <p>Policy # 430.00, page 14 G states: After receiving a PREA emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, it must be forwarded to the Superintendent or designee for immediate action. An initial response will be provided within 48 hours and a final decision shall be within 5 calendar days. The initial response and final DCR decision shall document the DCR's determination whether the offender is in substantial risk of imminent sexual abuse and action taken in response to the emergency grievance.</p> <p>Policy # 430.00, page 14 H states: Residents may be disciplined for filing a grievance related to alleged sexual abuse only where the DCR demonstrates that the offender filed the grievance in bad faith.</p> <p>The residents handbook states: If you have been assaulted or witness an assault, or if you are a victim of sexual abuse or witnessed residents-on-residents or staff sexual misconduct report it to any DCR staff, you may fill out a grievance form, write a note, request to see the nurse or counselor; or you may use the Confidential Sexual Abuse Hotline by dialing *9078 on the</p>

residents' phones. Anonymous letters can be written to the WV Fusion Center at 1900 Kanawha Boulevard, Bldg. 1, West Wing, Suite W-400 Charleston, WV 25305. Attn: RJA. Your family can also report it by sending an e-mail to RJAPREA@WV.GOV.

Comments:

Interviewed staff and residents are aware that sexual abuse and sexual harassment can be reported through the grievance process. In the last 12 months, four residents filed grievances alleging sexual abuse or sexual harassment per the PAQ. Staff related in interviews that grievances filed are investigated in a timely manner.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Resident Handbook</p> <p>Interviews:</p> <p>Residents</p> <p>Residents who Reported Prior Sexual - NA</p> <p>Site Review</p> <p>Posters for West Virginia Child Abuse and BJS Hotline, Posters PREA Zero Tolerance</p> <p>Policy # 430.00, page 9 A states: During the intake process, residents shall receive educational information explaining, in an age-appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to residents individually or in groups. At a minimum, the offender shall receive:</p> <p>Information regarding the agencies reporting procedures.</p> <p>Information related to 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.</p> <ol style="list-style-type: none"> <li>1. The facility shall 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. The facility shall enable reasonable confidential communication between residents and these organizations.</li> <li>2. The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be placed in the offender's record.</li> <li>3. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</li> <li>4. Within thirty (30) days of intake, residents shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Residents should sign an acknowledgement of receiving training. If the acknowledgement is electronically signed, it shall be printed and placed in the offender's record.</li> <li>5. It is mandatory that residents attend PREA training. Residents refusing, without good cause, shall be disciplined. The Facility PREA Compliance Manager or designee can make accommodations for residents who have been previously sexually abused or who may have other good cause to find the training too difficult in a group setting.</li> </ol> <p>Policy # 430.00, page 14 I states: The DCR shall 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. The DCR shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p>Comments:</p> <p>The facility maintains a Memoranda of Understanding with a multiple agency group, referred to as WVFRIS. Originally, there was a separate agreement between each of the three agencies (DCR, Regional Jails and Juveniles). FRIS provides services such as the crisis telephone line, victim advocacy and follow-up referrals. Youth interviewed were aware of the outside reporting service providers. Hotline numbers were posted throughout the facility for the West Virginia Child Abuse Hotline and BJS Abuse Hotline.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 448 297">Materials Reviewed:</p> <p data-bbox="240 331 1426 389">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), FRIS Website, Residents Handbook</p> <p data-bbox="240 423 1481 517">The resident's handbook states: Offenders can be a participant in an investigation in many ways, including being the alleged victim, suspect, reporter, or witness. If you've been assaulted or sexual misconduct has occurred, you or anyone else can report in the following ways.</p> <p data-bbox="240 551 1481 609">Report the information to any one you trust, staff member, facility PREA Compliance Manager, family members, attorneys or outside advocates.</p> <p data-bbox="240 642 852 669">Request to see the on-site medical or mental health provider.</p> <p data-bbox="240 703 1458 761">Place a written complaint in the locked PREA Box or grievance box .Notify outside law enforcement, local, county or state. Call the WV DHHR child Abuse Hot Line 1-800-352-6513.</p> <p data-bbox="240 795 991 822">Call the Bureau of Juvenile Services sexual abuse hotline 1-855-366-0015.</p> <p data-bbox="240 833 660 860">Email your complaint to <a href="mailto:dcrprea@wv.gov">dcrprea@wv.gov</a>.</p> <p data-bbox="240 871 1262 898">Mail the complaint to DCR Office of PREA Compliance 1409 Greenbrier Street, Charleston WV 25311.</p> <p data-bbox="240 931 1458 990">Supreme Court Juvenile Justice Commission via United States Mail (pre-addressed envelopes provided with postage pre-paid).</p> <p data-bbox="240 1023 868 1050">You can also visit <a href="https://dcr.wv.gov/aboutus/Pages/prea.aspx">https://dcr.wv.gov/aboutus/Pages/prea.aspx</a>.</p> <p data-bbox="240 1084 1481 1196">A search of the West Virginia Division of Corrections and Rehabilitation showed a section for "Reporting Sexual Abuse" it states: If you were the victim of sexual misconduct while in custody in West Virginia, or if you know of a person in custody in West Virginia who was a victim, you may report it to the WV Division of Corrections and Rehabilitation by using the following methods:</p> <ul data-bbox="240 1229 1490 1429" style="list-style-type: none"> <li data-bbox="240 1229 1177 1256">• If you were, or are, in custody at a WV juvenile center or facility, please call 1-855-366-0015.</li> <li data-bbox="240 1290 1490 1348">• If you were, or are, in custody at a WV jail facility, you may call (304) 558-2036 and ask for the PREA Coordinator. You may also email <a href="mailto:dcrprea@wv.gov">dcrprea@wv.gov</a>.</li> <li data-bbox="240 1382 1458 1440">• If you were, or are, in custody at a WV prison, you may call (304) 558-2036 and ask for the PREA Coordinator. You may also email <a href="mailto:dcrprea@wv.gov">dcrprea@wv.gov</a>.</li> </ul> <p data-bbox="240 1473 868 1500">In case of email communications, please include the following:</p> <ul data-bbox="240 1534 719 1778" style="list-style-type: none"> <li data-bbox="240 1534 480 1561">• Incident that occurred.</li> <li data-bbox="240 1594 464 1621">• Who was the victim?</li> <li data-bbox="240 1655 480 1682">• Who was the suspect?</li> <li data-bbox="240 1715 560 1742">• Time and date of sexual abuse.</li> <li data-bbox="240 1776 719 1803">• If requested, your anonymity will be protected.</li> </ul> <p data-bbox="240 1836 1481 2136">Policy # 430.00, page 13 A states: Residents shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other residents or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The DCR shall distribute publicly through the DCR website and e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.</p>



Policy # 430.00, page 13 B states: All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from residents who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PCM. Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.

Policy # 430.00, page 14 F states: Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of residents. CID will discuss the allegation with the alleged victim and proceed with an investigation if the allegation occurred in a correctional setting.

Comments:

The interviews of staff confirmed that staff understands that the WVFRIS Center is another format for self-reporting and third-party referrals. Some youth interviewed were not aware of the outside services. The WVDCR's website is clear on how to report sexual abuse. Resident also has access to CAC and BJS to report sexual abuse.

115.361	<b>Staff and agency reporting duties</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 448 300">Materials Reviewed:</p> <p data-bbox="240 331 1158 358">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p data-bbox="240 389 352 416">Interviews:</p> <p data-bbox="240 448 400 474">Superintendent</p> <p data-bbox="240 506 432 533">PREA Coordinator</p> <p data-bbox="240 564 376 591">Medical Staff</p> <p data-bbox="240 622 1445 810">Policy # 430.00, page 13 B states: All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from residents who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PCM. Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.</p> <p data-bbox="240 842 1445 940">Policy # 430.00, page 14 A states: The facility PCM will report all allegations of sexual abuse, including anonymous allegations to the Office of PREA Compliance. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation or other security and management decisions.</p> <p data-bbox="240 972 1490 1196">Policy # 430.00, page 19 A states: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p data-bbox="240 1227 360 1254">Comments:</p> <p data-bbox="240 1285 1493 1411">Staff interviews revealed all are knowledgeable of the requirements of reporting, whether it is direct or indirect knowledge or suspicion and the confidentiality of those reports. The Health Services Administrator stated that it is a requirement that they share with residents their duty to report and what is or is not confidential. All information received regarding sexual abuse and harassment is provided to the facility PREA Manager and Investigator, as well as the Office of PREA Compliance.</p>

115.362	<p><b>Agency protection duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PQA</p> <p>Interviews:</p> <p>Commissioner</p> <p>Assistant Commissioner</p> <p>Superintendent</p> <p>Staff</p> <p>In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: N/A</p> <p>The longest amount of time elapsed before taking action: N/A</p> <p>Policy # 430.00, page 14 B states: When facility staff learns that an offender is subject a substantial risk of sexual abuse, the facility shall assess and implement appropriate protective measures and shall take immediate action to protect the offender without unreasonable delay.</p> <p>Comments:</p> <p>All interviews conducted indicated that imminent abuse information is taken seriously, and action would be immediate. Action would/could include housing moves, review of history (including assessment) and any action necessary for the resident's safety. No youth has been at substantial risk of imminent sexual abuse during the last 12 months prior to the audit per the PAQ.</p>
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115.363	<p><b>Reporting to other confinement facilities</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews:</p> <p>Commissioner Assistant</p> <p>Commissioner</p> <p>Superintendent</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy # 430.00, page 15 C states: Within 72 hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office of where the alleged abuse occurred and shall also notify the Office of PREA Compliance. The Superintendent can contact the other facility via phone before forwarding the report in writing. The facility shall document that it has provided such notification and ensure that the allegation is investigated in accordance with PREA standards.</p> <p>Comments:</p> <p>When information is received about an abuse that occurred at another facility, the Superintendent is immediately notified. He in turn will contact the appropriate Superintendent (or Warden) about the information received. This contact will be made telephonically, contact will be documented. The receiving location would initiate an investigation. The facility has reported no allegation received by a youth who was abused at another facility in the last 12 months.</p>
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115.364	<b>Staff first responder duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 448 300">Materials Reviewed:</p> <p data-bbox="242 327 1490 356">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Investigation Files, JTMJC PAQ</p> <p data-bbox="242 383 352 412">Interviews:</p> <p data-bbox="242 439 379 468">Security Staff</p> <p data-bbox="242 495 544 524">Health Services Administrator</p> <p data-bbox="242 551 1114 580">In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p data-bbox="242 607 1414 674">In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0</p> <p data-bbox="242 701 1481 797">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0</p> <p data-bbox="242 824 1490 956">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0</p> <p data-bbox="242 983 1481 1115">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0</p> <p data-bbox="242 1142 1453 1207">Of the allegations that an residents was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p data-bbox="242 1234 1485 1299">Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0</p> <p data-bbox="242 1326 1414 1391">Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0</p> <p data-bbox="242 1417 1473 1646">Policy # 430.00, page 15 D states: Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the WVDCR coordinated response plan.</p> <p data-bbox="242 1673 360 1702">Comments:</p> <p data-bbox="242 1729 1457 1825">Policy for first responder duties is inclusive. Staff was able to recite the steps to be taken when an allegation occurs. Most were able to articulate required behavioral restrictions for both participants in the assault. These restrictions enable the preservation of any available evidence after a sexual assault.</p>

115.365	<b>Coordinated response</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 448 300">Materials Reviewed:</p> <p data-bbox="242 329 1420 389">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PAQ, Supervisor Checklist Health Services Checklist, PREA Sexual Abuse Incident Review</p> <p data-bbox="242 421 341 450">Interview:</p> <p data-bbox="242 479 400 508">Superintendent</p> <p data-bbox="242 537 1477 629">The WVDCR Coordinated Response Plan is detailed; it covers Purpose, Applicability, Responding to Reported or Observed Sexual Abuse (Allegations of Abuse, Initial Response, Victim, Aggressor, Transportation, Mental Health Response, Follow-up, Counselors and Victim Advocate).</p> <p data-bbox="242 658 1469 750">The three checklists; Supervisor, Health Services and PREA Sexual Abuse Incident Review are very detailed. All walk through a step-by-step checkoff system that allows for written details, whether each step was completed, the date and time and initials of the individual completing the list.</p> <p data-bbox="242 781 861 810">The PREA Sexual Abuse Incident Review document includes:</p> <ul data-bbox="242 840 1430 1473" style="list-style-type: none"> <li data-bbox="242 840 588 869">• The date and time of the Review.</li> <li data-bbox="242 898 756 927">• Members of the Review Team and their signature.</li> <li data-bbox="242 956 488 985">• Victim and Perpetrator.</li> <li data-bbox="242 1014 1302 1043">• Recommendations (policy and procedure, improvements regarding Prevention, Detection and Response.</li> <li data-bbox="242 1072 1430 1133">• The dynamics within the facility, i.e.: Race, Ethnicity, Gender Identity, Lesbian, Gay, Bi- Sexual, Transgender Intersex Identification, Residents Status, Perceived Status, and Gang Affiliation.</li> <li data-bbox="242 1162 1147 1191">• Was the dynamics recognized or addressed during the initial screening and classification.</li> <li data-bbox="242 1220 485 1249">• Other group dynamics.</li> <li data-bbox="242 1279 432 1308">• Physical Barriers.</li> <li data-bbox="242 1337 411 1366">• Staffing Levels.</li> <li data-bbox="242 1395 493 1424">• Monitoring Technology.</li> <li data-bbox="242 1453 646 1482">• Were recommendations implemented?</li> </ul> <p data-bbox="242 1512 1469 1733">Policy # 430.00, page 15 D states: Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to Incidents of sexual abuse, all first responders are required to follow the DCR coordinated response plan.</p> <p data-bbox="242 1765 360 1794">Comments:</p> <p data-bbox="242 1823 1477 1883">As noted above, the checklists are inclusive and well done. The facility had four (4) allegations during the last 12 months; all allegations were determined to be unfounded.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews:</p> <p>Commissioner</p> <p>Assistant Commissioner</p> <p>Policy # 430.00, page 15 E states: DCR does not have the authority to enter into collective bargaining agreements pursuant to WV State Code.</p> <p>Comment:</p> <p>The Commissioner and Assistant Commissioner report that Collective Bargaining, as it is known in many states does not occur in the Corrections Field in West Virginia. Individuals may join CWA (union) that allows for grievances, but it does not allow bargaining for wage or working conditions.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PAQ</p> <p>Interviews:</p> <p>Commissioner</p> <p>Superintendent</p> <p>Designated Staff Member Charged with Monitoring Retaliation</p> <p>The length of time that the agency/facility monitors the conduct or treatment: 90 days The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p>Policy # 430.00, page 15 F states: The DCR shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Policy # 430.00, page 15 G states: The DCR shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse for at least 90 days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by resident or staff and shall act promptly to remedy any such retaliation. Items the DCR should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DCR shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Such monitoring shall include periodic status checks. The obligation to monitor for retaliation shall terminate if the allegation is unfounded. If any individual who cooperates with an investigation expresses a fear of retaliation, the DCR shall take appropriate measures to protect that individual against retaliation. The facility shall act promptly to remedy any such retaliation. Action taken to protect Staff or resident shall be documented and reported to the Office of PREA Compliance within 24 hours of the reported incident. Any effort to hinder or impede Staff or an offender from reporting an incident or retaliation shall result in disciplinary action.</p> <p>Comments:</p> <p>The Juvenile PREA Coordinator for the State of West Virginia, PREA Coordinator (Kellie Cordie) is Retaliation Monitor for the James H Tiger Morton Juvenile Center. She monitors retaliation for youth who have suffered sexual abuse. Based on staff interviews, facility staff is aware that retaliation is not allowed. Staff is aware that they can be removed from their jobs. It was also stated that any known retaliation would be reported to their Compliance Manager. Interviewed staff related some steps that can be taken to defer retaliation could be housing moves or transfers of the residents to another facility.</p>



115.368	<p><b>Post-allegation protective custody</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) , JTMJC PAQ</p> <p>Interviews:</p> <p>Superintendent</p> <p>Random Staff</p> <p>Medical</p> <p>Mental Health</p> <p>The number of Residents who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completions of assessment: 0</p> <p>In the past 12 months, the number of residents who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0</p> <p>A statement of the basis for facility's concern for the residents' safety: NA</p> <p>The reason or reasons why alternative means of separation could not be arranged: NA</p> <p>Policy # 430.00, page 12 K states: Residents with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than 24 hours while completing the assessment.</p> <p>Comments:</p> <p>As noted, the use of segregated housing would only be used as a last resort. Preferable action would be housing changes and transfer to another facility. No review of resident's files occurred due to zero occurrences of segregated housing. It should be noted that security staff can be assigned to any location within the facility. There is no staff strategically assigned to a segregation unit.</p>
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115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 448 297">Materials Reviewed:</p> <p data-bbox="240 331 1469 423">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PAQ Curriculum: “Interview of Sexual Assault Victims in a Confinement Setting”, Curriculum: “Miranda, Garrity, PREA and Such” Curriculum: “PREA Report Writing”, Investigative Files, Administrative Investigation</p> <p data-bbox="240 456 352 483">Interviews:</p> <p data-bbox="240 517 400 544">Superintendent</p> <p data-bbox="240 577 671 604">Director of the Office of PREA Compliance</p> <p data-bbox="240 638 432 665">PREA Coordinator</p> <p data-bbox="240 698 528 725">PREA Compliance Manager</p> <p data-bbox="240 759 424 786">Investigative Staff</p> <p data-bbox="240 819 1453 860">The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0</p> <p data-bbox="240 893 1477 985">Policy # 430.00, page 16 A states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <ol data-bbox="240 1019 1477 1532" style="list-style-type: none"> <li>1. Individuals conducting these investigations will receive specialized training.</li> <li>2. Staff members, as designated by the Superintendent, shall do an inquiry on offender-on-offender harassment allegations.</li> <li>3. WVSP investigators will conduct investigations on all staff on offender allegations and offender on offender sexual abuse allegations.</li> <li>4. WVSP investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation.</li> <li>5. Investigations will be promptly, thoroughly, and objectively completed for all allegations, including third party and anonymously reported allegations. The reports and all related documentation are to be entered in the appropriate tracking system.</li> <li>6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations. Failure to cooperate with the investigation, such as withholding known information, withholding evidence or giving false statements will result in disciplinary action.</li> </ol> <p data-bbox="240 1565 783 1592">Policy # 430.00, page 17 G states: Investigators shall:</p> <ol data-bbox="240 1626 1453 1854" style="list-style-type: none"> <li>1. Gather and/or preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.</li> <li>2. Interview alleged victims, suspected abusers, and witnesses.</li> <li>3. Review prior complaints and reports of sexual abuse involving the suspected abuser.</li> <li>4. Determine whether staff actions or failures to act contributed to the abuse and shall be documented in the reports.</li> </ol> <p data-bbox="240 1888 1485 2078">Policy # 430.00, page 8 – 9 F states: In addition to the general training provided to all employees pursuant to § 115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigations Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance. This specialized training will include but is not limited to:</p> <ol data-bbox="240 2112 608 2139" style="list-style-type: none"> <li>1. Interviewing sexual abuse victims.</li> </ol>

2. Proper use of Miranda warnings and the Garrity rule.

3. Sexual abuse evidence collection in confinement settings.

4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

Policy # 430.00, page 17 J states: When the quality of evidence appears to support criminal prosecution, the DCR shall conduct compelled interviews only after consulting with prosecutors to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. 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 an offender or staff. The DCR shall not require an offender who alleges unwanted forced sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such an allegation. Investigations shall not be terminated solely because the source of the allegation recants the allegation.

Policy # 430.00, page 17 H states: The DCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy # 430.00, page 16 B states: Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and 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.

Policy # 430.00, page 16 C states: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Policy # 430.00, page 16 D states: The DCR shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the DCR, plus five years.

Policy # 430.00, page 18 A states: The staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of DCR policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be documented and reported to law enforcement agencies, unless the act was clearly not criminal, and to any relevant licensing bodies. The departure of the alleged abuser or victim from the employment or control of the DCR shall not provide a basis for terminating an investigation.

Policy # 430.00, page 17 K states: At the conclusion of the investigation, the investigator will prepare an investigative report that documents a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and all documentary evidence when feasible. The investigative findings will indicate whether the evidence supports a finding that sexual abuse has occurred (substantiated), the allegation is false (unfounded), or the evidence is inconclusive (unsubstantiated). If the case has not already been referred for criminal prosecution, the Investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the county where the assault occurred. If any State entity or Department of Justice component conducts investigations shall do so pursuant to the above requirements.

Policy # 430.00, page 16 E states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress.

The facility uses curriculums written for jail investigators. Such as:

- PREA – Report Writing; Prepared by D.L. Rosier, Jr., Deputy Director; DMAPS Investigation Unit
- Miranda, Garrity, PREA and Such; Prepared by Michael W. Parker, ESQ.; Randolph County Prosecuting Attorney
- Interview of Sexual Assault Victims in a Confined Setting; Prepared by D.L. Rosier, Jr., Deputy Director; DMAPS Investigation Unit

All investigators have been through the above training, the required facility training and the NIC investigators curriculums. Training was verified by review of the training files.

Comments:

A file review of all PREA allegations over the last twelve months showed detailed documentation of evidence (including

electronic monitoring), interviews (alleged victim/perpetrator and witnesses) and pertinent data. Documentation was noted by date and time; video copies were attached to the files and copies of reports and allegations. Interviews are tape recorded. The file format was excellent.

The interview with the investigator included discussion on the format for making a referral for prosecution. There have been no findings during this past twelve (12) months that rose to the level of criminal prosecution. Credibility of witnesses is based upon the findings, not on their legal status. Closed investigation files remain in the investigator office.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interview:</p> <p>Investigative Staff</p> <p>Documentation of Administrative Findings for Proper Standard of Proof</p> <p>Policy # 430.00, page 17 H states: The DCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Comments:</p> <p>Review of the investigation files shows that it is in fact evidence driven; the auditor saw no statements of opinion in the investigation file reviewed.</p>

115.373	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PAQ, Residents Notices of Determination of PREA Allegation, Sexual Abuse Investigations, Review of Residents Files</p> <p>Interviews:</p> <p>Superintendent</p> <p>Investigative Staff</p> <p>Residents who Reported prior Sexual Abuse</p> <p>In the past 12 months:</p> <p>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 4</p> <p>Of the alleged sexual abuse investigations that were completed, the number of residents who were notified verbally or in writing of the results of the investigation: 4</p> <p>The number of investigations of alleged residents sexual abuse in the facility that were completed by an outside agency: 0</p> <p>The number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 4</p> <p>In the past 12 months:</p> <p>The number of notifications to residents that were provided pursuant to this standard: 4 The number of those notifications that were documented: 4</p> <p>There have been substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months: 0</p> <p>Policy # 430.00, page 18 L states: Following an investigation into an offender's allegation that he or she suffered sexual abuse, the Facility PCM shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. Information given to the offender shall be documented.</p> <p>Policy # 430.00, page 18 N states: Following an offender's allegation that he or she has been sexually abused by another offender, the DCR shall subsequently inform the alleged victim whenever:</p> <ol style="list-style-type: none"> <li>1. The DCR learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility,</li> <li>2. The DCR learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p>Policy # 430.00, page 17 K states: At the conclusion of the investigation, the investigator will prepare an investigative report that documents a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and all documentary evidence when feasible. The investigative findings will indicate whether the evidence supports a finding that sexual abuse has occurred (substantiated), the allegation is false (unfounded), or the evidence is inconclusive (unsubstantiated). If the case has not already been referred for criminal prosecution, the Investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the county where the assault occurred. If any State entity or Department of Justice component conducts investigations shall do so pursuant to the above requirements.</p> <p>Policy # 430.00, page 18 M states: Following a substantiated or unsubstantiated allegation that a staff member has committed sexual abuse against an offender, the facility shall subsequently inform the offender whenever:</p> <ol style="list-style-type: none"> <li>1. The staff member is no longer posted within the offender's unit.</li> <li>2. The staff member is no longer employed at the facility.</li> <li>3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility.</li> </ol>

4. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy # 430.00, page 18 O states: All notifications or attempted notifications shall be documented and sent to the resident's current DCR placement or address on file. The facility's obligation to report under this policy shall terminate if the offender is released from the Division's custody.

Comments:

Investigations are completed with notifications of findings provided to the residents. Four notices were provided to the auditor for review. No investigations were completed by the WV State Police during the last 12 months.

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PAQ, Investigations</p> <p>In the past 12 months:</p> <p>The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0</p> <p>The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>Policy # 430.00, page 18 A states: The staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of DCR policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be documented and reported to law enforcement agencies, unless the act was clearly not criminal, and to any relevant licensing bodies. The departure of the alleged abuser or victim from the employment or control of the DCR shall not provide a basis for terminating an investigation.</p> <p>Comments:</p> <p>There has been no disciplinary sanction or termination of staff members within the past 12 months per the PAQ.</p>



115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PAQ</p> <p>Interviews:</p> <p>Superintendent</p> <p>Contractor (Medical)</p> <p>In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0</p> <p>Policy # 430.00, page 18 - 19 B states: Any contractor, volunteer, intern or any individual who conducts business with or uses the resources of the DCR, who engages in, fails to report, or condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action. Retaliatory action against any individual who reports or is involved in a sexual abuse or sexual harassment investigation is strictly prohibited. Any contractor, volunteer, intern or any individual who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>Comments:</p> <p>During the previous twelve (12) months there has been no issue with contractors or volunteers. Currently volunteers are not allowed to enter into any WV juvenile facility due to Covid concerns.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PAQ, Investigations</p> <p>Interviews:</p> <p>Superintendent</p> <p>Medical Staff</p> <p>Mental Health</p> <p>In the past 12 months:</p> <p>The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>Policy # 430.00, page 19 C states: All sexual contact, whether voluntary or forced, between residents is prohibited and subject to disciplinary action. Any mutual sexual contact between residents is a rule violation but shall not constitute sexual abuse. Residents shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. Offenders may be charged with a facility rule violation even if they are also being charged within the court system. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>Policy # 430.00, page 19 A states: When an offender is found guilty of Misconduct related to sexual abuse and the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending residents to participate in such interventions as a condition of access to programming or other benefits.</p> <p>Policy # 430.00, page 19 B states: A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Comments:</p> <p>There are several ways in which the facility can sanction a resident if found guilty of an administrative investigation: being locked down, taking good time, taking commissary, and notification to the courts. If the resident has cognitive or mental health problems, a referral is made to their internal mental and/or medical health provider. This is also reviewed during the hearing and appeal process. If a resident makes a report, believing it to be true, it does not result in a hearing or sanction.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), JTMJC PAQ, Prime Care Medical, Inc., Medical and Mental Health Informed Consent Forms</p> <p>Interviews:</p> <p>Medical</p> <p>Case Manager</p> <p>Site Review:</p> <p>Reviewed Medical File</p> <p>In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 3</p> <p>In the past 12 months, the percent of residents who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner: 0</p> <p>Policy # 430.00, page 12 H states: If the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within 14 days of the intake screening.</p> <p>Policy # 430.00, page 19 A states: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior victimization that did not occur in an institutional setting unless the offender is under the age of 18.</p> <p>Comments:</p> <p>Interviews with medical and counseling staff who conduct the victim/aggressor assessments of incoming residents confirmed that each screening asks residents about prior victimization and prior abuse. They all are aware that disclosure must result in a referral to a medical or mental health practitioner within 14 days. Residents can refuse the referral. Interviewed residents who reported having been victims of previous sexual abuse indicated they were offered mental health services and follow-up. Mental health services are provided onsite for residents housed at James H Tiger Morton Juvenile Center.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Medical – PREA Checklist, PrimeCare Medical, Inc. / Policy Name: Response to Sexual Abuse; Number: C, J-F-06 Medical – PREA Checklist, Medical and Mental Health Records</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Residents who Reported a Sexual Abuse -NA</p> <p>Security Staff</p> <p>First Responders</p> <p>PCM policy, page 1, IV. States: PCM policy requires that a plan exists for responding immediately to allegations of sexual abuse. Sexual abuse within a correctional facility requires closely coordinated efforts of PCM staff, facility administration and investigative agencies in order to ensure medical and safety needs are met, while preserving evidence.</p> <p>PCM policy, pages 7-8 states: Requires that victims of sexual abuse receive free access to emergency medical treatment and crisis intervention services. Also, victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception in accordance with professionally accepted standards of care. Also sexually transmitted infection prophylaxis must be offered where “medically” appropriate, as based solely on medical judgment within the professionally accepted standards of care.</p> <p>Policy # 430.00, page 20 B states: Victims of sexual abuse shall 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. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy # 430.00, page 20 C states: The facility will use the list of local hospitals that employ a SANE (Sexual Assault Nurse Examiner), to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam must be documented. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Policy # 430.00, page 20 E states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results due to the sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services.</p> <p>Comments:</p> <p>The facility will transport youth to the hospital for examination after a sexual assault allegation. In cases where the allegation is unsubstantiated or unfounded, the resident is not responsible for any costs related to a sexual assault medical care. Medical staff will provide residents information regarding sexually transmitted infection prophylaxis for both male and female residents and pregnancy test for females at no cost.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 448 300">Materials Reviewed:</p> <p data-bbox="242 329 1485 389">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Prime Care Medical, Inc., Policy Name: Response to Sexual Abuse; Number: C, J-F-06</p> <p data-bbox="242 421 352 450">Interviews:</p> <p data-bbox="242 479 542 508">Health Services Administrator</p> <p data-bbox="242 537 1485 763">PCM policy, page 8, states: Resident's abusers are to have a mental health evaluation and offered treatment when deemed appropriate within sixty (60) days of the facility learning that the abuse has occurred. The DOJ agrees that mental health care for victims should be the priority and, accordingly, has provided more detail on the minimum standard of care for victims than for abusers. The standard specifies that evaluation and treatment of sexual abuse victims shall include, as appropriate, for follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in other facilities or their release from custody. The standard further requires facilities provide victims of sexual abuse with medical and mental health services consistent with the community level of care.</p> <p data-bbox="242 792 1469 987">Policy # 430.00, page 20 – 21 F states: DCR facilities shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse within any facility. Residents will be offered follow-up medical and mental health services consistent with the community level care as well as access to outside victim advocates for emotional support services related to sexual abuse. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to placement to other facilities or release from custody.</p> <p data-bbox="242 1016 1453 1180">Policy # 430.00, page 20 E states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results from sexually abusive vaginal penetration while incarcerated, such victims shall receive timely and comprehensive information about access to all lawful pregnancy related medical services.</p> <p data-bbox="242 1209 1477 1471">Policy # 430.00, page 20 B states: Victims of sexual abuse shall 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. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="242 1500 1469 1597">Policy # 430.00, page 21 G states: The facility shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p data-bbox="242 1626 1469 1753">Policy # 430.00, page 12 H states: If the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="242 1783 360 1812">Comments:</p> <p data-bbox="242 1841 1485 1968">This facility offers both medical and mental health follow-up for any residents who have suffered sexual abuse at any location, including the community. Medical Services includes any medical need. Both are provided at no cost to the residents. Health Services can provide information about continuing care in the community upon release; however, residents state that the counselors provide information about outside agencies throughout the state when requested.</p>

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Documentation of Sexual Abuse Incident Team Reviews</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p>Incident Review Team Members</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p> <p>Policy # 430.00, page 21 A states: The Office of PREA Compliance, in collaboration with Facility PCM shall conduct a Sexual Abuse Incident Review within 30 days of the conclusion of every sexual abuse investigation where the allegation was substantiated, or unsubstantiated. The review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. No review shall be conducted if the allegation has been determined to be unfounded.</p> <p>Policy # 430.00, page 21 B states: The review committee shall:</p> <ol style="list-style-type: none"> <li>1. Consider whether the allegation or investigation indicates need to change policy or practice to better detect, or respond to sexual abuse.</li> <li>2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.</li> <li>3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.</li> <li>4. Assess the adequacy of staffing levels in that area during different shifts.</li> <li>5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> </ol> <p>Policy # 430.00, page 21 C states: The facility shall document the recommendations for improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review.</p> <p>Comments:</p> <p>The review team, in compliance with policy, confirmed in interviews that they prepare a report of its findings and forward to the Superintendent who is authorized to implement the recommendations for improvement or document the reasons for not doing so. All allegations in the last 12 months were determined to be unfounded.</p>

115.387	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), PREA Monthly Statistical Report, Review aggregated data, WV Division of Corrections and Rehabilitation Website</p> <p>Policy # 430.00, page 21 – 22 E states: The facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on-offender sexual misconduct that occurs within their facility. Incident-based data reports shall be generated each month. The data collected shall include at a minimum.</p> <ol style="list-style-type: none"> <li>1. The total number of allegations.</li> <li>2. Investigation number and the disposition.</li> <li>3. The DCR shall maintain, review, and collect data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.</li> <li>4. The DCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</li> <li>5. The incident-based data collected shall include, at a minimum, the data necessary to complete the Survey of Sexual Violence conducted by the Department of Justice.</li> </ol> <p>Policy # 430.00, page 21 D states: The Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected. The review findings, recommendations for improvement and corrective action shall be documented.</p> <p>Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p>Comments:</p> <p>The agency/facility utilizes a PREA Monthly Statistical report that is provided to WVDCR PREA Coordinator. The form is extensive. It covers:</p> <ul style="list-style-type: none"> <li>• Resident-on-Resident Sexual Acts including definitions for Nonconsensual Sexual Acts, Abusive Sexual Contacts and Sexual Harassment.</li> <li>• Staff Sexual Misconduct (including definitions for Staff Sexual Misconduct and Staff Sexual Harassment).</li> </ul> <p>Each of these individual areas is delineated by Number of Allegation, Incident Report and/or Investigation Numbers, Disposition (Substantiated, Unsubstantiated, Unfounded and Investigation ongoing). There is also a Substantiated Incident Data Questionnaire for Victim (resident-on-resident), a Resident-on-Resident Questionnaire for the Predator and a Staff-on-Resident Questionnaire. Each of these three (3) documents must be completed for each occurrence. Annual reports are placed on the agency website. The facility provides its data to the Department of Justice as requested.</p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Annual WV PREA Report 2020</p> <p>Interviews:</p> <p>Commissioner</p> <p>Assistant Commissioner</p> <p>Director of Office of PREA Compliance</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Policy # 430.00, page 22 G states: All Sexual abuse data shall be securely retained for at least 10 years after the date of the initial collection.</p> <p>Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p>Policy # 430.00, page 21 D states: The Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected. The review findings, recommendations for improvement and corrective action shall be documented.</p> <p>Policy # 430.00, page 22 F states: The DCR shall use the data to:</p> <ol style="list-style-type: none"> <li>1. Identify areas of concern,</li> <li>2. Determine corrective action on an ongoing basis,</li> <li>3. Assess and improve the effectiveness of the agencies sexual abuse prevention, detection, and response policies, practices, and training,</li> <li>4. Create an annual report of findings and corrective actions for each facility and DCR.</li> </ol> <p>Comments:</p> <p>Before the consolidation of the Division of Corrections, Regional Jail Authority and the Juvenile Residential system, each agency/facility would place their data on their respective website. Now, annual reports are headed by the Office of PREA Compliance. As noted in the policy above, the report will be inclusive. Currently, the annual reports for all facilities are available on the Website, <a href="https://dcv.wv.gov/Pages/default.aspx">https://dcv.wv.gov/Pages/default.aspx</a>.</p>



115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Website Historical Data Interview: PREA Coordinator</p> <p>Policy # 430.00, page 22 G states: All Sexual abuse data shall be securely retained for at least 10 years after the date of the initial collection.</p> <p>Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p>Comments:</p> <p>Before the consolidation of the Division of Corrections, Regional Jail Authority and the Juvenile Residential system, each agency/facility would place their data on their respective website. Now, there is an annual report headed by the Office of PREA Compliance. As noted in the policy above, the report is inclusive.</p>

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1197 300">The auditor observed living units and other areas accessible to staff, residents, and contractors.</p> <p data-bbox="242 329 1474 389">Thirty (30) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process. Communications with the PREA Compliance Manager were often and productive.</p> <p data-bbox="242 421 1490 613">The information contained on the uploaded PAQ contained policies applicable to the standards as well as documentation to help the auditor understand the mission of the facility, the layout of the facility, and facility operations, including the staffing required for the population of females and male youthful residents. The auditor provided the facility an extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request. During the on-site audit the facility was requested to provide documentation and the documentation was readily available.</p> <p data-bbox="242 645 1482 772">The on-site audit was conducted by one Auditor, certified in both Juvenile and Adult Standards. During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the residents. The auditor was able to move about the facility any time needed. Adequate space was provided for auditor to conduct interviews in complete privacy with staff and residents.</p> <p data-bbox="242 801 1466 929">The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. During the site review of the facility the auditor informally talked with residents and staff. Prior to the onsite portion of the audit the auditor received no correspondence from residents or staff. The audit observed PREA signage at the top of each stairwell, and reporting instructions were posted in all living units.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 389">The Superintendent and the PREA Compliance Manager ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.</p> <p data-bbox="229 389 1509 479">Interviewed administrators indicated the PREA Report as well as annual reports is posted for public viewing and reviewing and the PREA Report, like the last PREA Report, will be posted within 90 days of issuing the final report to the facility.</p> <p data-bbox="229 479 1509 598">The auditor reviewed the Agency's website and reviewed the previous PREA reports as well as annual reports that were posted on the website. The auditor downloaded the last PREA audit for JTMJC dated July 11, 2019 from the agency's website all West Virginia facilities audits can be accessed on the website at <a href="https://dcr.wv.gov/Pages/default.aspx">https://dcr.wv.gov/Pages/default.aspx</a>.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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



<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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

<b>115.333 (b)</b>	<b>Resident education</b>	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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



<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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



<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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



<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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