

# PREA Facility Audit Report: Final

**Name of Facility:** Donald R. Kuhn Juvenile Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/14/2019

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> Natasha Mitchell	<b>Date of Signature:</b> 06/14/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Mitchell, Natasha
<b>Address:</b>	
<b>Email:</b>	nshaferdu@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	04/29/2019
<b>End Date of On-Site Audit:</b>	04/30/2019

FACILITY INFORMATION	
<b>Facility name:</b>	Donald R. Kuhn Juvenile Center
<b>Facility physical address:</b>	1 Lory Place, Julian, West Virginia - 25529
<b>Facility Phone</b>	304-369-2976
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input checked="" type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Crystal Jarrell	<b>Title:</b>	PREA Compliance Manager
<b>Email Address:</b>	Crystal.M.Jarrell@wv.gov	<b>Telephone Number:</b>	304-369-2976

Warden/Superintendent			
<b>Name:</b>	Brian Semenie	<b>Title:</b>	Superintendent
<b>Email Address:</b>	Brian.P.Semenie@wv.gov	<b>Telephone Number:</b>	304-369-2976

Facility PREA Compliance Manager			
<b>Name:</b>	Crystal Jarrell	<b>Email Address:</b>	Crystal.m.Jarrell@wv.gov

Facility Health Service Administrator			
<b>Name:</b>	Melissa Knight	<b>Title:</b>	Health services Administrator
<b>Email Address:</b>	Melissa.A.Knight@wv.gov	<b>Telephone Number:</b>	304-369-2976

Facility Characteristics	
<b>Designed facility capacity:</b>	46
<b>Current population of facility:</b>	28
<b>Age range of population:</b>	10-18
<b>Facility security level:</b>	Hardware secure
<b>Resident custody level:</b>	Hardware secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	99

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 Military Affairs and Public Safety
<b>Physical Address:</b>	1409 Greenbrier Street, Charleston, West Virginia - 25311
<b>Mailing Address:</b>	
<b>Telephone number:</b>	304-558-6032

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

<b>Agency-Wide PREA Coordinator Information</b>			
---	--	--	--

<b>Name:</b>	Tim Harper	<b>Email Address:</b>	Timothy.V.Harper@wv.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.

The previous on-site audit was conducted March 20-21, 2016 and the final report was issued April 20, 2016 at which time the facility had no corrective actions and became fully compliant and recommendations from the auditor that the agency and facility leadership maintain compliance with periodic follow-ups to ensure systems are sustained.

The announcement of the audit was communicated in advance to the staff and residents with the audit notices, which were posted throughout the facility during the week of March 11, 2019. Pictures of the posted notices were emailed to the auditor from the agency PREA Coordinator. During the on-site audit the auditor witnessed the posted announcements and the posting of the announcements. The PREA audit of the Donald R. Kuhn Juvenile Center, located in Julian, West Virginia was conducted on April 29-30, 2019. The audit was conducted by the Certified PREA Auditor, Natasha Mitchell. There were zero (0) supporting staff to assist with the audit. The PREA Auditors of America, LLC. of which the auditor provides subcontracting services responded to the RFP with a proposal and was awarded the contract. The contract was signed and executed between the auditor and the PREA Auditors of America, LLC. on September 4, 2018. The auditor conducted interviews, reviewed documentation through the Online PREA Audit System prior to the on-site audit and reviewed a random sample of documents while on-site. The audit process included collaborating with the agency PREA Coordinator prior to the on-site audit, during the on-site audit and continued to communicate during the report writing period with request for additional documentation. The auditor conducted four West Virginia audits in 2018 and collaborated with the same PREA Coordinator at that time. The audit preparation process was discussed through email and phone conversations. The auditor instructed the PREA Coordinator that the auditor would need to access the facility, files, staff and residents.

The Donald R. Kuhn Center is a co-ed juvenile facility and part of the West Virginia Department of Military Affairs and Public Safety. The facility operates under the jurisdiction of the State of West Virginia and is classified as a hardware secure maximum-security level, 48 maximum capacity facility, consisting of housing on the South Hall for the detained residents and housing on the North Hall for committed residents.

was verified by the residents during interviews. The notice provided contact information for the auditor and directed all concerns shall be forwarded to the post office box listed on the notices. The auditor did not receive correspondence or disclosure from the facility prior to the on-site audit. The PREA Coordinator instructed the PREA Coordinator at the conclusion of the West Virginia audits to instruct the facilities to keep the notices posted until receipt of the final audit report.

The mission statement for the West Virginia Division of Juvenile Services is as follows, "The Division of Juvenile Services is committed to providing effective, beneficial services to youth in the Juvenile Justice system to 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."

The auditor reviewed compliance with the Prison Rape Elimination Act juvenile standards based on a review of the agency policies, procedures, practices, daily activities, documentation, observation, and interviews with staff and residents during the on-site audit. Interviews will be conducted with external agency providers to include, but not limited to the Women and Children's Hospital of Charleston, West Virginia and the West Virginia Child Abuse Hotline.

Prior to the on-site audit, the facility administrators in collaboration with the agency PREA Coordinator uploaded policies, procedures and supporting facility documentation on to the PREA online audit system. The PREA Coordinator also supplied the auditor with a USB flash drive with the same documents and all requested and reviewed documents during the on-site audit. The auditor completed a review of the documents prior to the on-site audit without making any request for additional information. An internet search, social media review, news articles and images of the facility was conducted. There were zero press, litigation, or DOJ involvement was noted.

The on-site audit was initiated on Monday, April 29, 2019 with a brief entrance with the agency PREA Coordinator, agency PREA Compliance Manager, Program Director, facility PREA Compliance Manager, Case Manager Supervisor and Security Supervisor. During the on-site audit, the auditor was stationed in the conference room in the administration area to interview staff and in the visiting room to interview the residents. The interviews were conducted with one female resident who was housed in an isolation cell as a result of behavioral issues, and nine male residents. The auditor received a staff schedule for both days of the on-site audit as well as a list of residents. The auditor interviewed all staff working in the facility, and randomly selected ten residents; one made an allegation of sexual abuse while in the facility.

During the on-site audit, the auditor was granted access to all areas of the facility, access to interview clients and to any documentation requested. The auditor held very informal conversations with random residents encountered during the facility tour to assess their knowledge and understanding of PREA. One brief encounter resulted in a youth making a request to speak with the auditor; the youth was included in the resident interviews. During the tour the auditor noticed opposite gender awareness signs posted on or near the entrance door to the pods. During the tour the auditor spent a limited amount of time in the control room given the small space. What time was permitted the auditor had the ability to view live video feed from all cameras.

The facility tour included accessing the facility entrance, administration area, case managers 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, notices all areas was adequately staffed within the 1:8 ratios. This auditor would like to commend the West Virginia Department of Military Affairs and Public Safety for their compliance and commitment to ensuring safe staff to resident ratios, which allow for adequate supervision.

The facility is staffed with the Facility Director, one Supervisor III who oversees four support staff members, one Lieutenant who oversees 34 and one Case Manager who oversees three staff. Interviews with specialized staff included the facility Director, facility PREA Compliance Manager, Investigator, Case Manager, staff responsible for searches, staff who administer the risk screening tool, members of the incident review team, staff members responsible for monitoring retaliation and Medical staff. Random staff interviews included staff from all shifts and resulted in 12 interviews.

The resident interviews were randomly selected by the auditor. On the day of the on-site audit there 28 residents in the facility; 28 males and 1 female. Eleven residents were interviewed; one resident was in seclusion for non-PREA related behavior and one resident made a prior report of sexual abuse.

The exit meeting involved the agency PREA Coordinator, PREA Compliance Manager, and other specialized staff; the Program Director was unavailable during the exit. During the exit the auditor remarked on the safe culture and commitment by the facility staff to ensure the residents experience a sexually safe environment.

## AUDIT FINDINGS

### **Facility Characteristics:**

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

The Donald Kuhn Juvenile Detention Center is located in a rural area surrounded by wooded mountains, at 1 Lory Place, in Julian, West Virginia. A portion of the facility was originally constructed in 1988 as Lory Julian Elementary School. The West Virginia Division of Juvenile Services assumed ownership of the building and renovated it in 2003. In 2016, the facility completed a major video camera system upgrade consisting of 40 cameras. The facility has a rated bed capacity of forty-eight (48) beds, with a current population listed at the time of the on-site portion of the audit of thirty-four (34) residents. The facility consists of two separate single cell residential areas. The facility also has a separate intake and segregation section separate from the two main residential areas.

The facility provides several facility programming elements, which includes, but is not limited to the following: Medical services, mental health services, assessments and counseling, educational services, voluntary religious services, library services, case management, active and passive recreation, crisis intervention services, suicide screening and monitoring, cognitive behavioral therapy, substance abuse programming, life skills and second stop violence prevention programs, individualized treatment plan development, multidisciplinary team evaluation, victim empathy, and Prison Rape Elimination Act training. The education program is operated by the West Virginia State Board of Education.



**AUDIT FINDINGS**

**Summary of Audit Findings:**  
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

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

Exceeds expectations: 0

Meets Expectations: 43  
115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

Recommendation: During the tour the facility observed opposite gender signs near pod entry doors. During the interviews the staff indicate they announce their presence when walking onto the opposite gender pods; however, most resident interviews indicate the practice is either non-existent or inconsistent. The agency PREA Coordinator was advised to send out a reminder to the facility Directors to re-train their staff on the practice or update procedures. If the signs will serve as the notification made to the residents, then that information needs to be provided to the residents during orientation to ensure they receive the information.

Does Not Meet Expectations: 0

## 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	
<b>Auditor Discussion</b>	
<p>1. 151.00 PREA  2. 103.00 Table of Organization  3. 138.00 Progressive Discipline  4. 1.03-00 Organizational Staffing Chart  5. Inspector General Table of Org 2  6. DCR Org Chart as of 8-13-18</p> <p>115.311 (a) Policy 151.00 indicates employees, residents, contractors, volunteers, visitors, and other agency employees are informed of the Divisions' "zero tolerance" philosophy in regard to sexual misconduct. 115.311(a) The West Virginia Division of Juvenile Services policy statement indicates there is a zero tolerance for the sexual misconduct of any staff against any resident in its custody or participating in any DJS program. The definition of "sexual misconduct" as used in the policy is as follows: non-consensual sexual acts, abusive sexual contacts, staff sexual misconduct and staff sexual harassment. The policy addresses sexual harassment (staff sexual harassment and youth on youth sexual harassment); however, youth on youth sexual harassment does not appear to be a zero-tolerance expectation given the policy statement and the definition of sexual misconduct. The facility operational procedure indicates the facility Superintendent/Director will designate a PREA Compliance Manager who has the sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards; the PAQ did not identify the facility PREA Compliance Manager. The DRKJC implementing procedure requires the facility Superintendent/Director to designate a PCM who has sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.</p> <p>115.311(b) The Division Director is responsible for designating a division wide PREA Coordinator who has sufficient time and authority to oversee the Division's mission, policies and complaint of all PREA standards in all of its facilities. Each facility Superintendent/Director is responsible for designating a PREA Compliance Manager who has sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards. The PAQ indicates Tim Harper is the agency wide PREA Coordinator. During the pre-audit phase the Auditor worked exclusively with Tim. The PREA Coordinator reports directly to the agency Deputy Division Director.</p> <p>115.311(c) According to the agency organizational chart the agency PREA Coordinator provides oversight of the PREA Compliance Managers.</p> <p>Interview:  Agency PREA Coordinator Agency  PREA Compliance Manager Facility  PREA Compliance Manager</p> <p>An interview with the PREA Coordinator (PC) indicates he has sufficient time and adequate authority to lead the agencies compliance efforts. He reports the recent changes within the</p>	

agency has not had an impact on his ability to monitor the states facilities and compliance with the standards.

During interviews with the staff and residents it was clear the PC has a presence in the facility, which seems to support the PC's claim that he has sufficient time to lead the agencies efforts to achieve compliance with the standards. An interview with the Facility PREA Compliance Manager (PCM) indicates she is very knowledgeable of the PREA Standards as well as the agency policies and facility procedures. She also reports she has adequate time to perform her duties and works closely with the PREA Coordinator to sustain compliance. Her role includes providing new employee and ongoing training, ensuring PREA education posters are visible and monitoring the facility's compliance with the standards. The PCM reports she has authority to direct compliance but works collaboratively with other departments to communicate deficiencies and updates. Finding Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires a zero-tolerance policy and the designation of a PC and PCM. No corrective action is required.

Based upon a review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. No corrective action is required.

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>1. State of West Virginia Master Agreement 2. Policy 104.00 Roles of Outside Agencies</p> <p>The West Virginia Department of Military Affairs &amp; Public Safety, Division of Juvenile Services has a contract with one (1) contract program. That specific facility complies with the agency policies and participated in a PREA audit during the 2017-2018 audit year of the second audit cycle. The contract will expire June 30, 2019 at which time the agency will need to renew the existing contract.</p> <p>115.312 (a) The West Virginia Department of Military Affairs &amp; Public Safety, Division of Juvenile Services has a contract with one (1) contract program. The Youth Services System Inc. provides secure detention and commitment services at the facility located in Wheeling, West Virginia.</p> <p>115.312 (b) The policy indicates any entity contracted to provide confinement services for residents in the custody of the Division of Juvenile Services shall adopt and comply with all PREA standards implemented by the Division. All contracts and contract renewals shall provide for Division monitoring to ensure that the contractor is complying with PREA standards.</p> <p>Interviews: Agency PREA Coordinator</p> <p>An interview with the PC indicates he is responsible for ensuring the facility that contracts with the agency for the confinement of residents adheres to the same policies and standards as the state owned and operated facilities throughout the state. He is in charge for monitoring the facility's compliance and communicates with the contract PCM directly to address compliance issues and to provide updates. This auditor is aware of the contract programs compliance with the standards, as she was the auditor who completed the facility's audit during the 2017-2018 audit year.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. No corrective action is required.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. Policy 128.00 Staffing Requirements</li> <li>2. Policy 303.00 Patrols and Inspections</li> <li>3. Operational Procedure 1.28-01 Staffing Requirements</li> <li>4. Operational Procedure 3.03-01 Resident Security Checks/Direct Supervision</li> <li>5. Staffing plan Memo RS dated 3-13-19.pdf</li> <li>6. PREA Staffing Plan Review (2-19-19)</li> <li>7. 3.03-01 Resident Security Checks/Direct Supervision</li> <li>8. DRKJC Unannounced Rounds</li> </ol> <p>115.313 (a) Since the last PREA audit the average daily number of residents is thirty-five (35) residents. The staffing plan was predicated on forty-six (46) residents.</p> <p>115.313 (b) The facility submitted a memo dated on March 19, 2019 and signed by the Facility Director that there has been zero (0) deviations from the staffing plan/schedule in the last 12 months.</p> <p>115.313 (c) The facility PAQ indicates the facility maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. Policy 128.00 indicates staffing requirements for all categories of personnel are determined to ensure juveniles have access to staff, programs, and services. The positions will meet the minimum requirements of one (1) direct care staff person to eight (8) residents during waking hours and one (1) direct care staff person to sixteen (16) residents during sleeping hours. The facility director submitted a memo indicating the facility has not deviated from the staffing schedule in the last 12 months.</p> <p>115.313 (d) The facility submitted a staffing plan reviewed on February 19, 2019 and signed by the Facility Director and the PREA Coordinator. The staffing plan was predicated on a capacity of forty-six (46); at the time the staffing plan was adopted the resident capacity was twenty-one (21). Based on the number of residents and the staff assigned per shift the facility would meet the staffing ratios required per the juvenile PREA standards; the facility ratios would be 1:5. The facility Director, PC and PCM state, they work together to establish the facility staffing plan and assess all possible risks.</p> <p>115.313 (e) Unannounced rounds are to be conducted by the Facility Director and Department Heads. The rounds shall include resident living areas to help identify and deter staff sexual abuse and sexual harassment. The facility electronically documented unannounced rounds indicate unannounced rounds occur 10 or more times per month at variable times. The log indicates the unannounced rounds are completed designated staff members to include the agency PC. The policy explicitly states, "staff are prohibited from alerting other staff prior to such rounds." Of the staff interviewed all report everyone is responsible for ensuring the safety of the residents at all times, but they are aware that supervisors conduct periodic unannounced rounds. The rounds are unannounced and at</p>

variable times.

Interviews:

Director

Agency PREA Coordinator

PREA Compliance Manager

Intermediate and Higher-Level Facility Staff

The auditor is convinced through interviews with staff and residents that there is adequate supervisor presence in the facility and on the living units during programming hours. All staff indicate they are aware supervisors conduct unannounced rounds. Residents indicate they know who the supervisors in the facility are and they have the ability to communicate with the facility supervisors in most instances. The facility provided documentation that demonstrates the unannounced rounds are conducted at variable times and documented on a consistent basis.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to develop, implement and document a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. No corrective action is required.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. Policy 308.00 Control of Contraband Allowable Items</li> <li>2. Operational Procedure 3.08-00</li> <li>3. Policy 500.00 Intake and Admissions</li> <li>4. Operational Procedure 5.00-00 Intake and Admission</li> <li>5. Policy 303.00 Patrols and Inspections</li> <li>6. Operational Procedure 3.03-00 Patrols and Inspections</li> <li>7. PREA Cross-gender training records from 2018 and 2019</li> <li>8. Training memo dated and signed March 14, 2019</li> <li>9. Search Attendance Sheets for 15 residents</li> </ol> <p>115.315 (a) The facility PAQ indicates the facility had zero (0) cross-gender strip or cross-gender visual body cavity searches of residents. During the resident interviews most were emphatic they have never had an opposite gender staff member conduct a strip or pat search on them; and they have never witnessed an opposite gender search.</p> <p>115.315 (b) The facility PAQ indicates the facility had zero (0) cross-gender pat down searches in the past 12 months. Pat down and strip searches are allowed and shall be conducted by a trained staff member of the same sex as the resident. In the case of a pat search staff, they can be conducted by a trained staff member of the opposite sex only in emergency circumstances.</p> <p>115.315 (c) The policy indicates all cross-gender strip searches and searches of residents who identify as transgender or intersex shall be documented and justified via an incident report.</p> <p>115.315 (d) The facility operational procedures require staff of the opposite gender entering a housing unit or any area where a resident may be showering, performing bodily functions or changing clothing shall announce their presence. Staff will provide notification of cross-gender supervision at the beginning of each shift and when there is a change in staff gender within the unit. The practice should be staff will announce their presence before entering the area.</p> <p>115.315 (e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status according to the facility operational procedure. If the facility ever were to encounter a resident whose genital status is unknown, the status may be determined 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. The agency policy provides guidance for the facility operational procedure. The facility provided a memo explaining the facility has not conducted cross-gender strip searches or cross-gender visual body cavity search within the past 12 months. During interviews all staff indicated they receive annual search training and had recently completed such training in preparation for the audit and as a refresher.</p>



115.315 (f) Training logs for PREA cross-gender and pat down search training was provided for fifty (50) staff; the training was provided in 2018 and 2019. All interviews conducted with staff report they receive search training annually and have recently participated in such training. Interviews Medical Random Security Staff Random Youth The auditor is convinced through interviews that there were zero (0) cross-gender searches in the past year, and most indicate such a search would not happen. The staff and resident interviews explain the facility is always staffed with male and female staff to prevent the need to conduct a cross-gender search even in exigent circumstance. The residents report they were strip searched upon intake, but at no other time. The facility conducts pat searches during movements in school to prevent and control contraband. The residents also report they are never in full view of staff while naked except during the strip search.

Interviews:

Director

Agency PREA Coordinator

PREA Compliance Manager

Random Staff

Random Residents

The auditor is convinced through interviews that there were zero (0) cross-gender searches in the past year, and most indicate such a search would not happen. The staff and resident interviews explain the facility is always staffed with male and female staff to prevent the need to conduct a cross-gender search even in exigent circumstance. The residents report they were strip searched upon intake, but at no other time. The facility conducts pat searches during movements in school to prevent and control contraband. The residents also report they are never in full view of staff while naked except during the strip search.

Recommendation: During the tour facility the auditor did not observe opposite gender signs near pod entry doors. During the interviews the staff indicate they announce their presence when walking onto the opposite gender pods; however, most resident interviews indicate the practice is either non-existent or inconsistent. The agency PREA Coordinator was advised to send out a reminder to the facility Directors to re-train their staff on the practice or update procedures. If the signs will serve as the notification made to the residents, then that information needs to be provided to the residents during orientation to ensure they receive the information.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to prohibit cross-gender strip and visual body cavity searches except in exigent circumstances. No corrective action is required.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. West Virginia Registry of Interpreters Directory</li> <li>2. WVCAN- CAC LEP Protocol</li> <li>3. wvri_interpreter_brochure</li> <li>4. Resident handbook 2018</li> <li>5. 500.01 - Reception and Orientation of New Juveniles</li> <li>6. 5.00-01 - Reception and Orientation of New Juveniles</li> <li>7. Memo dated March 14, 2019</li> <li>8. 500.4 Resident Handbook</li> <li>9. 5.00-04 Resident Handbook</li> </ol> <p>115.316 (a) Residents shall receive written orientation materials or translations in their own language who are limited English proficient (LEP). When a literacy problem exists, a staff member assists the resident in understanding the material. The agency policy goes to provide staff guidance when working with a resident with any type of disability including physical, psychiatric, and/or intellectual, will be given an equal opportunity to participate in, benefit from and have meaningful access to all aspects of the division's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has a MOU with a certified American Sign Language Interpreter to include steps to provide interpreters who can interpret effectively, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p>115.316 (b) The facility operational procedure requires residents receive written orientation materials and/or translation in their own language if they do not understand English. The PAQ contained the facilities translation and interpretation protocol, which provides the caller step-by-step instructions for accessing services. The translation services provided by WVCAN allows residents to access an interpreter at no cost.</p> <p>115.316 (c)-1 The agency policy explicitly states, "Another resident may be used to interpret only when all other resources have been exhausted." The PAQ indicates zero (0) residents have provided interpretation or translation for another resident in the past 12 months. The facility provided a memo to the auditor explaining the facility has not had to access translation nor interpretation services in the past 12 months as none of the residents admitted in that timeframe required the services. The memo went on to explain that the WV Division of Juvenile Services is in the process of seeking information relating to translation services through Certified Languages International to establish communication protocols for deaf and hard of hearing residents should the facility admit a youth requiring the services. The facilities efforts are proactive in nature and has not been necessary in the past 12 months.</p> <p>Interviews:</p> <p>Random Residents</p> <p>Random Staff</p>

Interviews with the randomly selected residents indicate they were all English speakers and had a very good comprehension of the language. The interviewed security staff indicate they would inform their supervisors when a youth is admitted who would be identified as a limited English speaker to arrange for interpretation or translation services. All such services would require a case-by-case contract since the services are provided infrequently. When residents were asked if they were aware of any residents currently in the facility who could not speak or understand English they all denied having any knowledge of any resident that was unable to speak English.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to have systems in place that prevent the agency from hiring or promoting anyone who may have contact with the residents, and not enlist the services of any contractor who may have engaged in sexual abuse in an institution or been convicted of engaging or attempting to engage in sexual activity, or has been civilly or administratively adjudicated to have engaged in the activity. No corrective action is required.

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 536 360">Documents reviewed:</p> <ol data-bbox="252 371 1203 663" style="list-style-type: none"> <li>1. 129.00 Conditions of Initial and Continued Employment</li> <li>2. 131.00 Selection and Promotion of Non-Correctional Officer Personnel</li> <li>3. 132.00 Competitive Promotion of Correctional Officer Personnel</li> <li>4. 311.00 - Contractor Escorts and Security Protocol</li> <li>5. 3.11-00 Contractor Escorts</li> <li>6. Background Clearance Check forms for eleven (11) new hires</li> <li>7. Background Clearance Check form for one (1) contract provider</li> </ol> <p data-bbox="252 712 1461 913">115.317 (a)-1 The agency policy excludes from employment and automatically rejects applicants who has engaged in sexual abuse in a prison, jail, lockup, juvenile facility or other institution; who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in the aforementioned.</p> <p data-bbox="252 969 1445 1048">115.317 (b)-1 The agency states explicitly in policy 129.00 and 131.00 that the agency shall consider any incidents of sexual harassment when hiring or promoting any employee.</p> <p data-bbox="252 1104 1477 1395">115.317 (c)-1 A background investigation is performed on all persons applying for a position with the division. The background check includes consulting with any State or local child abuse registry for information on substantiated allegations of sexual abuse by any potential hire; and consider any incidents of sexual harassment when hiring or promoting any employee. Non-DJS applicants applying for positions covered by the policy is subject to a criminal background investigation through NCIC. In the past 12 months, the facility hired nineteen (19) new staff; the facility provided background clearance checks for all new hires.</p> <p data-bbox="252 1451 1477 1608">115.317 (d)-1 The facility PAQ shows there have been three (3) contractors brought on by the facility who are providing services in the facility. A review of the background clearance documents provided indicate a fingerprint, name and child abuse registry was completed and all applicants cleared the agencies background check.</p> <p data-bbox="252 1664 1453 1742">115.317 (e)-1 Policy 129.00 states, "The agency shall conduct a criminal background record check and a child abuse registry check at least every five years for all current employees."</p> <p data-bbox="252 1798 1453 1955">115.317 (g) The interview with the facility human resource and hiring managers indicate during the hiring process prior employers for applicants with prior institutional experience are contacted to gather any information that might exclude the applicant from hire to include any substantiated findings of sexual misconduct.</p> <p data-bbox="252 2011 564 2123">Interviews Human Resources Staff Superintendent</p>

The DRKJC policy disqualifies individuals from employment or from serving in a contract position if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or institution or if they have been criminally, civilly or administratively adjudicated to have engaged in sexual activity within the community facilitated by force, or overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse. A review of staff hired within the past 12 months personnel files-maintained background check and child abuse registry clearance documentation. The facility policy also ask all applicants and employees who may have contact with cadets directly, about previous misconduct as described in paragraph (a) of the policy section of this document, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Employees incur a continuing affirmative duty to disclose any misconduct as listed in paragraph (a) of the policy section of this document. Material omissions regarding sexual misconduct, or the provision of materially false information, are grounds for termination. An interview with a facility hiring manager indicates the agency will work in collaboration with the agency to gather information about a candidate's prior institutional experience. When the candidate is a transfer from DOC, the ability to gather such information is easy since both the juvenile services adult corrections are under the West Virginia Department of Military Affairs and Public Safety.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to have systems in place that prevent the agency from hiring or promoting anyone who may have contact with the residents, and not enlist the services of any contractor who may have engaged in sexual abuse in an institution or been convicted of engaging or attempting to engage in sexual activity, or has been civilly or administratively adjudicated to have engaged in the activity. No corrective action is required.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 202.00 - facility planning requirements</li> <li>2. 206.00 - security surveillance</li> <li>3. 2.02 – Facility Planning Requirements</li> <li>4. 2.06 – Security/Surveillance</li> </ol> <p>115.318 (a) According to the policy any new facility design or planning of substantial expansion or modification of existing facilities shall consider the effect of the design, acquisition, expansion, or modification upon the facility staff's ability to protect residents from sexual abuse. Currently the facility has single-occupancy rooms available for residents the facility has deemed vulnerable: juveniles with severe medical disabilities, juveniles suffering from serious mental illness, sexual predators, juveniles likely to be exploited or victimized by others, and juveniles who have other special needs for single housing.</p> <p>115.318 (b) The interview with the facility Superintendent indicates there are no immediate plans to install new cameras; however, when he identifies blind spots during periodic reviews he will submit a proposal and contract to add cameras or adopt other monitoring mechanisms to mitigate the risk and to enhance security. The facility currently has 46 cameras installed internal and external of the facility.</p> <p>Interviews:  Director  Superintendent</p> <p>The Superintendent reports there are no plans to expand the building or start new construction on a new building. The Superintendent will add cameras as needed for review and when there are noticeable blind spots. Currently the facility has sixty-eight (68) cameras strategically placed throughout the facility. When installing the cameras and making a decision on the appropriate placement of the camera the goal is to protect residents against sexual abuse, enhance security and monitor facility activities.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency will consider the effects of the design, acquisition, expansion or modifications intended to protect residents from sexual abuse.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. WV State Police The ChildFirst Forensic Interview Protocol</li> <li>2. 413.00 - Medical Care</li> <li>3. 324.00 - Crime Scenes and Physical Evidence Preservation</li> <li>4. 4.13-00.pdf - Medical Care</li> <li>5. DRKJC- Cornerstone Child Advocacy Center MOU</li> <li>6. Memo dated March 19, 2019</li> <li>7. Fris - DJS MOA</li> <li>8. DRKJC Mental Health qualifications (copy of license, degree, and resume)</li> <li>9. 3.24-00 – Crime Scenes and Physical Evidence Preservation</li> </ol> <p>115.321 (c) Policy 413.00 indicates treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The MOA between DRKJC and the Cornerstone Child Advocacy Center dictates for acute cases and after-hours disclosures the facility will contact the Child Advocacy Center (CAC) to inform them of the pending arrival of a minor youth who has reported being the victim of a sexual abuse. The PAQ states zero (0) SANE exam has been conducted in the past 12 months. A memo and interviews with the PC, PCM, Superintendent and random resident and staff interviews support there were zero (0) sexual abuse allegations requiring a SANE exam. The West Virginia State Police are responsible for conducting criminal sexual abuse investigations.</p> <p>115.321 (d) The West Virginia Division of Juvenile Services has an established MOA with the WV Foundation for Rape Information and Services (FRIS) and other partnering agencies. The agreement will allow FRIS and the partnering agencies to provide sexual assault crisis hospital advocacy services.</p> <p>115.321 (e) The MOA between DRKJC and Cornerstone Child Children’s Advocacy Center will allow the facility staff to transport and provide continuous security supervision for the resident while the hospital provides services. The staff would position themselves outside of the examination room to allow the resident privacy.</p> <p>Interviews:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>PREA Compliance Manager</li> <li>Investigator</li> <li>Superintendent</li> <li>Random Staff</li> </ul> <p>The West Virginia State Patrol is the agency responsible for conducting criminal investigations, they would investigate all sexual abuse allegations. Criminal investigations would be conducted according to standard investigatory protocols established with the law enforcement agency. All allegations that could potentially be criminal are referred to the local law</p>

enforcement agency. If the responding officer determines there is enough evidence based on their initial interviews to move the case forward; the officer would refer the allegation for further investigation. The decision to pursue criminal charges is determined by the responding officer. The PAQ provided to the auditor indicated there have been zero (0) allegations of sexual abuse that required a forensic examination or the services of an advocate for emotional support. The facility medical staff indicated residents who might require a forensic examination would be transported to Cornerstone Child Advocacy Center where SANE exams are provided. Additionally, Cornerstone Child Advocacy Center would provide testing, STD Prophylaxis and options as medically determined. The DRKJC medical staff would be able to provide testing, STD Prophylaxis, and additional follow-up care as indicated by written discharge orders from the center.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires to the extent the agency is responsible for investigating allegations of sexual abuse, the agency will follow a uniform evidence protocol that maximizes the potential for obtaining physical evidence for administrative and criminal prosecutions. No corrective action is required.



115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 111.00 MAPS Investigative Unit</li> <li>3. DRKJC Investigative Data</li> </ol> <p>115.322 (a) According to the policy all allegations of sexual misconduct will be taken seriously and investigated thoroughly by trained investigators. Investigations will be conducted in a timely manner and the investigator shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. If during the internal investigation, it is determined that a criminal act has or may have occurred, the investigation shall be turned over to the West Virginia State Police. The West Virginia Department of Military Affairs and Public Safety implemented an investigation unit in October 2017. The unit is intended to provide the most effective and efficient delivery of services and to consolidate the investigation units between the Division of Corrections (DOC), Division of Juvenile Services (DJS) and Regional Jail Authority (RJA) into a single, statewide unit. The facility PAQ reports twenty-two (22) sexual abuse and sexual harassment allegations in the past 12 months; nineteen (19) resulted in an administrative investigation and zero (0) were referred for criminal investigation.</p> <p>115.322 (b) The agency has in place a policy to ensure that allegations of sexual abuse and/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. The agency will publish such policy on its website or, if it does not have one, make the policy available through other means. The agency documents all such referrals.</p> <p>Interviews:</p> <p>Agency Head Investigative Staff</p> <p>The DRKJC policy requires the facility to conduct internal reviews for non-criminal behavior and only when the safety or welfare of the resident is not jeopardized. The facility will not conduct its own criminal investigations for allegations of sexual abuse and sexual harassment and shall be immediately referred to the West Virginia State Patrol. The West Virginia Division of Juvenile Services in conjunction with the facility conduct Administrative Investigations for allegations of sexual abuse and sexual harassment. The administrative investigator will provide in writing, a report of findings and conclusion to the Facility Administrators for appropriate discipline. The agency uses a preponderance of the evidence evidentiary standard when conducting administrative investigations to determine where allegations of sexual abuse or sexual harassment are substantiated. The agency website has information for reporting allegations of abuse. The website states, "If you have been assaulted or witness an assault, but you are unwilling to report it to DJS staff, you may fill out a grievance form write a note request to see the nurse or counselor you may use the Confidential PREA box that is only accessed by Central Office staff (checked every 14 days) see your Counselor to call the</p>

DJS Hotline @ 1-800-368-2780 ext. 2020." Interviews with administrators, specialized and direct care staff confirmed that staff are knowledgeable of reporting requirements and procedures and all acknowledged they are mandated reporters.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires to the extent the agency will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. No corrective action is required.

115.331	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 162.00 - Training and Staff Development</li> <li>2. Conflict Resolution LP 2013</li> <li>3. Com Skills Practicum</li> <li>4. Com Skills Scenarios</li> <li>5. Instructor guide 6.4.04</li> <li>6. NEW IPC Part. Manual 6.4.04</li> <li>7. PREA LP final</li> <li>8. NIC LGBTI Training Memo</li> <li>9. Mandatory Reporting recert memo</li> <li>10. Signed training acknowledgment forms for 12 staff members</li> <li>11. 151.00-1 PREA Certificate of Understanding</li> </ol> <p>115.331 (a) All new full-time employees receive forty (40) hours of orientation training before undertaking their assignments. All new correctional officers and treatment staff working in a residential facility receive at least an additional one hundred twenty (120) hours of training within two (2) years of starting their employment. In subsequent years, correctional officers and treatment staff, as well as full-time contract mental health personnel, will receive an additional forty (40) hours of in-service training; the training includes PREA, cross-gender and pat-down. The lesson plan provides a 3 hour and 30 minutes curriculum, which provides the following training objectives; 1) understanding the Prison Rape Elimination Act (PREA), 2) the residents right to be free from sexual abuse and sexual harassment, 3) understand how culture and dynamics of each institutional setting has a large effect on establishing an environment which is either fertile for sexual misbehavior or one which is pro-active in preventing sexual misbehavior. Staff will be provided clear guidance concerning what is an unacceptable relationship with residents, and 4) staff will identify what the law is relative to consensual sex between resident's and staff.</p> <p>115.331 (c) Between trainings the facility reviews policy 151.00 and 335.00 as well as having the staff watch "Keeping Kids Safe". The facility staff sign a certificate of understanding acknowledging they received training for 151.00. The policy explicitly states staff will receive PREA training biannually in the months of April and October.</p> <p>115.331 (d) A sample of signed training acknowledgment forms were provided demonstrating staff received training in September 2018, February and March 2019.</p> <p>Interviews: Random and Specialized Staff</p> <p>Staff indicated they receive annual training facilitated by the facility PCM. The training topics include how to respond to a disclosure, reporting responsibilities, first responder duties, and respectful communication with LGBTQI youth. The staff report they also receive search</p>	

procedures training for pat and strip searches.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to train all employees who may have contact with residents. No corrective action is required.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. DRKJC Volunteer and Intern Handbook</li> <li>2. Signed volunteer training acknowledgement form for 9 volunteers</li> </ol> <p>115.332 (a)-1 Volunteers, interns, and civilian supervisors shall be required to complete basic facility familiarization concerning security, confidentiality of information, appropriate conduct, PREA guidelines/training, control of contraband, code of ethics, and policies and procedures provided by the facility and acknowledge in writing that they have received such orientation and agree to abide by its tenets. The facility PAQ indicates the facility has eight (8) approved volunteers, interns and contractors who can access the facility to provide services. The agency provided the auditor with a statement of agreement for three (3) contractors, which indicate they read the Volunteer/Intern Handbook and agree to abide by the rules and regulations of the facility, security procedures and all directions or instructions given by the staff at DRKJC.</p> <p>Interviews:</p> <p>PREA Compliance Manager Volunteers and Contractors</p> <p>An interview with a Psymed contract provider, she indicated contractors receive the same training as the security staff. She described her duty as a first responder as well as the steps to take as well as the medical services she would provide if there was a disclosure requiring medical attention. She was clear about her professional boundaries and how to assess the boundaries of other staff, contractors and volunteers.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to ensure all volunteers and contractors who may 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. No corrective action is required.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. April 2018 Semi-Annual</li> <li>3. October 2018 Semi-Annual</li> </ol> <p>115.333 (a) Residents receive PREA training upon intake. The policy is silent if the youth receive the required training modules upon intake; 1) zero-tolerance policy, and 2) how to report incidents or suspicions or sexual abuse or sexual harassment; however, resident interviews demonstrated the youth are receiving the necessary information. The facility PAQ indicates the facility admitted eighty-eight (88) residents who received PREA information upon intake.</p> <p>115.333 (c) Policy 151.00 states if a resident return to DJS custody or is transferred within the Division, and records indicate that the resident has had PREA training within the past six (6) months, only the intake orientation with the PREA counselor is necessary. The policy is silent if the youth receive the required training modules when transferred 1) educated regarding their rights to be free from sexual abuse and sexual harassment, 2) to be from retaliation for reporting such incidents, and 3) regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.</p> <p>115.333 (e) - The facility has a practice of conducting PREA education for all residents in the facility in April and September of every year. The facility provided the auditor with documentation demonstrating compliance with their practice.</p> <p>Interviews:  Random Staff  Random Residents</p> <p>The DRKJC policy states residents, during the intake process shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility allowed the auditor to review files which demonstrated residents sign and date an acknowledgment form stating they have received information related to PREA. The policy also requires the facility to provide comprehensive age-appropriate education to residents within 10 days of intake. Based on interviews, the residents receive information at intake and additional information when they meet with the facility Counselor.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to ensure all volunteers and contractors who may 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. No corrective action is required.</p>

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 – PREA</li> <li>2. 111.00 MAPS Investigative Unit</li> <li>3. 9 investigator training certificates</li> </ol> <p>115.334 (a) The agency has a very robust investigations unit policy to provide effective and efficient delivery of services. Training certificates for nine (9) investigators were provided to demonstrate investigators investigating sexual abuse allegations have received the necessary training. The interview with the PREA Compliance Manager who also functions as an Investigator explain his responsibility is to investigate policy violations and to assist the facility Superintendent to make an administrative decision. All criminal investigations are conducted by the West Virginia State Police.</p> <p>115.334 (c) The agency provided training certificates for nine (9) investigators.</p> <p>Interviews:  PREA Coordinator/Investigator  Facility Investigator</p> <p>Interviews with the trained facility investigators as well as the PREA Coordinator indicate there is a cooperative process when handling sexual abuse and sexual harassment allegations. When the report involves sexual harassment, the facility will investigate the allegation. More serious sexual abuse allegations will be handled by the PREA Coordinator and when the allegations involve possible criminal behavior the investigation will be handled by the West Virginia State Police and possible the local law enforcement agency.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations. No corrective action is required.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> <li>1. 162.00 Training and Staff Development</li> <li>2. NIC PREA: Medical and Mental Health Care for Sexual Victims in Confinement Setting training certificates</li> <li>3. PREA Training Attendance for March, July, August and October 2018</li> </ol> <p>115.335 (a) The facility provided training certificates for all six (6) medical and mental health staff demonstrating compliance with the specialized training modules. Interviews with the staff demonstrate the medical and mental health staff receive the specialized training as well as the PREA training provided to all staff, contractors and volunteers.</p> <p>115.335 (b) The facility PAQ indicates the facility medical staff does not conduct forensic medical exams.</p> <p>Interviews: Medical Staff</p> <p>The facility medical staff report she has completed PREA training through the agency as well as training provided by the facility. The medical receive the same refresher trainings alongside the facility staff.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to ensure all full- and part-time medical and mental health care practitioners who work regularly in the facility is trained. No corrective action is required.</p>



115.341	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 500.01 - Reception and Orientation of New Juveniles</li> <li>3. 5.00-01- Reception and Orientation of New Juveniles</li> <li>4. Completed Sample Youth Risk Assessments</li> <li>5. 500.00 – Intake and Admissions</li> <li>6. 5.00 – Intake and Admissions</li> </ol> <p>115.341 (a) When a resident is admitted to a secure facility, including transfers between secure facilities, the resident will be screened for vulnerability for victimization and sexually aggressive behavior prior to room assignment. Resident vulnerability assessments will be conducted and documented upon intake. Eighty-five (85) residents entered the facility in the past 12 months whose length of stay in the facility was for 72 hours or more. All went through the risk screening process to determine their appropriate housing and room assignment.</p> <p>115.341 (c) The facility operational procedure recognizes residents with any type of disability including physical, psychiatric, and/or intellectual; however, the mental health screening tool does not assess for the aforementioned. The mental health information was obtained on another risk assessment screen. Policy 500.00 states, at a minimum, the assessment will attempt to ascertain information about the eleven (11) high risk characterizations. The mental health screening tool does not gather information about the residents current charge, age, physical size, intellectual or developmental disabilities, or physical disabilities.</p> <p>Interviews: Intake Staff Random Residents</p> <p>The DRKJC staff report they conduct and document an assessment of every resident at the time of intake. All staff and all residents interviewed confirmed this practice occurs. Residents are re-assessed at each new intake or return to the facility and any time circumstances dictate it is appropriate. The risk assessment tool contains all of the eleven (11) elements required by paragraph (c) of the standard. The staff member responsible for completing the risk assessment explained that in addition to completing the risk screening tool they review the resident's case file and review any collateral information available.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to within 72 hours of the resident's arrival at the facility and periodically throughout a resident's admission, the agency will obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. No corrective action is required.</p>



<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 5.00-00 - Intake and Admissions</li> <li>2. 500.00 - Intake and Admissions</li> <li>3. 151.00 - PREA</li> <li>4. 332.00 - Specialized Housing</li> <li>5. 3.32-00 - Specialized Housing</li> <li>6. Memo dated March 19, 2019</li> </ol> <p>115.342 (a) Each resident in a DJS facility will be housed based on his/her custody and housing assessment. Custody and housing assignments will not be based solely on the resident's sexual orientation or gender identity. Housing, bed, program, education, and work assignments are based on information obtained from assessments/risk screenings.</p> <p>115.342 (b) Any resident placed in protective custody either by choice or by staff may only be placed in isolation as a last resort if less restrictive measures are not adequate to keep the resident safe and only until an alternative means of keeping him/her safe can be arranged. The facility PAQ and a memo signed by the Facility Director reports there were zero (0) residents placed in isolation as a result of sexual victimization. Any resident held in specialized housing will have access to shower, large muscle activity, meals, education, medical and mental health evaluations and access to treatment staff. During the on-site audit there was one (1) resident in isolation as a result of behavioral concerns. The auditor was able to interview the resident through the isolation door and was able to confirm the resident was in isolation because of behavioral issues.</p> <p>115.342 (d) The current policy provides the agency/facility staff guidance when determining housing and placement decisions for residents' who identify as transgender. The agency will determine if the resident should be placed in a facility for male or female residents to ensure health and safety, whether the placement would present management or security problems, the resident's security threat level, criminal and disciplinary history, current gender expression, medical and mental health information, vulnerability to sexual victimization and likelihood of perpetrating abuse.</p> <p>115.342 (h) The facility PAQ reports the facility had zero (0) residents identified as high risk of sexual victimization who was held in isolation in the past 12 months.</p> <p>115.342 (i) Specialized housing decisions for each resident will be based on a seven (7) day review by the Facility Director and his or her recommendation to the Division Director for as long as the resident remains in the status due to safety concerns.</p> <p>Interviews:</p> <ul style="list-style-type: none"> <li>Intake Staff</li> <li>Random Staff</li> <li>Youth who identifies as LGBTQI</li> </ul>

Interview with the residents indicate the facility consistently ask the youth specific questions to assess their level of risk. The resident reports the staff explain the purpose for the questions and gathers the information in a professional manner. A resident who identifies as LGBTQI states they felt comfortable with the questions asked by the staff. The staff interviews explain the facility utilize the risk screening information to make housing and room assignment decisions.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to use all information obtained and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. No corrective action is required.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. DRKJC Resident handbook</li> <li>3. MOU Supreme Court Feb2017 - Aug2019</li> <li>4. Mandatory Reporting recert memo</li> <li>5. Documentation of verbal reports</li> <li>6. 335.00 Facility Child Abuse and Neglect</li> <li>7. 3.35-00 Facility Child Abuse and Neglect</li> </ol> <p>115.351 (a) The facility resident handbook identifies multiple ways for youth to report when they have been a victim or witnessed sexual abuse. The residents can report to a staff member; fill out a grievance; write a note; request to see medical staff or a counselor; resident satisfaction survey upon their departure from the facility; or use the confidential PREA box that is only accessed by Central Office staff. The confidential box is checked every 14 days. The Department of Juvenile Services has also established a hotline; the residents would need to coordinate with their Counselor to call the hotline.</p> <p>115.351 (b) The WV Supreme Court of Appeals-Administrative Office Juvenile Justice Commission has agreed through a MOU to receive reports of sexual abuse and immediately report to the DJS Director and the DJS Director of Investigations. The facility does not detain residents solely for civil immigration, and while conducting the on-site audit there was zero (0) residents admitted to the facility solely for civil immigration.</p> <p>115.351 (c) During the staff interviews it was made clear by all that when a youth makes a disclosure the staff will accept the disclosure in any form that it is made (i.e., written, verbal, third-party, etc.). Staff are expected to accept the reports and immediately act to protect the youth and draft a report. The facility provided two (2) critical incident reports and six (6) reported incidents of sexual abuse and sexual harassment.</p> <p>Interviews:</p> <p>Random Staff Random Residents</p> <p>The DRKJC provides multiple ways, internally and externally for residents to report allegations of sexual abuse, sexual harassment or retaliation. The residents can report to a staff member; fill out a grievance; write a note; request to see medical staff or a counselor; resident satisfaction survey upon their departure from the facility; or use the confidential PREA box that is only accessed by Central Office staff. The confidential box is checked every 14 days. The Department of Juvenile Services has also established a hotline; the residents would need to coordinate with their Counselor to call the hotline. During the on-site interviews the residents related if they had been the victim of sexual abuse or sexual harassment, they would report it to a trusted staff or a parent/guardian. Every resident was able to relay the different methods of reporting and without being pressed could tell this auditor about the outside hotline.</p>

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency will provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. No corrective action is required.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 332.00 - Specialized Housing</li> <li>3. 3.32-00.pdf - Specialized Housing</li> <li>4. Memorandum dated March 13, 2019</li> </ol> <p>115.352 (a) Residents can submit a written and signed grievance form to be placed in a locked Grievance Box. Any resident who has difficulty writing shall receive assistance in preparing the grievance.</p> <p>115.352 (b) There is no time limit for the filing of a resident PREA grievance. A resident shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>115.552 (c) When the facility receives a grievance against a staff member alleging staff misconduct the Facility Director should be notified immediately upon receipt of the grievance. In the event the grievance alleging that a resident is in imminent danger, the complaint will be acted upon immediately, where the resident can be placed in protective custody.</p> <p>115.352 (d) PREA grievances will be processed immediately but no later than 24 hours of retrieval. Final determination regarding the merits of the grievance will be made upon completion of the investigation within 30 days. In the last 12 months the facility reports they received nine (9) allegations of sexual abuse; all grievances were investigated within 90 days and did not require an extension beyond 90 days.</p> <p>115.352 (e) Third-parties, including fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of residents. 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. According to the facility PAQ the facility received zero (0) grievances alleging sexual abuse that resulted in disciplinary action in the past 12 months.</p> <p>115.352 (f) Residents can request specialized housing for protective custody if they feel unsafe, and resident can be recommended for protective custody if facility staff determines specialized housing is necessary. In the event that the grievance is of a PREA nature it will be immediately forwarded to the facility's PREA Compliance Manager. An initial response will be forwarded to the resident within 48 hours and shall issue a final decision within five (5) calendar days.</p> <p>115.352 (g)-2 According to the facility PAQ, the facility received zero (0) grievances or complaints alleging sexual abuse that were made in bad faith. The facility will not discipline a resident for filing a grievance alleging sexual abuse unless the investigation demonstrates that</p>

the resident filed the grievance in bad faith.

The DRKJC policy provides for each resident with the right to formally express a grievance the resident may have, feel they have been mistreated, or feel their rights have been violated. The policy allows for an emergency grievance to be filed in the event the resident is subject to a substantial risk of imminent sexual abuse by contacting the Facility Administrator or designee. An initial response to an emergency grievance should be provided within 24 hours of submission, and a final decision should be made within 30 days. A memo submitted to the Auditor indicates resident grievances and PREA complaints were handled well below the allowed time frame and did not have to extend the time frame on grievance. The facility did not receive any grievances whereby a final decision was not made in the allotted time frame during the past 12 months.

Interviews:

Director

PREA Coordinator

PREA Compliance Manager

Random Residents

The DRKJC policy provides for each resident with the right to formally express a grievance the resident may have, feel they have been mistreated, or feel their rights have been violated. The policy allows for an emergency grievance to be filed in the event the resident is subject to a substantial risk of imminent sexual abuse by contacting the Facility Administrator or designee. An initial response to an emergency grievance should be provided within 24 hours of submission, and a final decision should be made within 30 days. A memo submitted to the Auditor indicates resident grievances and PREA complaints were handled well below the allowed time frame and did not have to extend the time frame on grievance. The facility did not receive any grievances whereby a final decision was not made in the allotted time frame during the past 12 months.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency have administrative procedures in place if the agency is not exempt from the standard. No corrective action is required.



115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 333.00 - Resident Access to Courts and Counsel</li> <li>2. Resident handbook 2018</li> <li>3. DJS-Cornerstone CAC MOA</li> <li>4. Fris - DJS MOA.pdf</li> <li>5. 509.00 - Telephone, Mail and Publications</li> <li>6. 5.09-00 - Telephone, Mail and Publications</li> </ol> <p>115.353 (a) DJS ensures residents have access to outside victim advocates for emotional support services related to sexual abuse. The DKRJC residents will receive support services through the Cornerstone Child Advocacy Center, which has a MOU with the facility. When residents are granted the ability to contact the support services via telephone, according to the policy staff will 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.</p> <p>115.353 (d) Residents are permitted to make unrestricted legal calls which are not recorded or monitored. Residents are permitted to receive calls from attorneys, social workers, probation officers and close family at any time. Residents are allowed to maintain telephone communications with their families, and have adequate access to the courts, including attorneys of record. A resident may make and receive regular phone calls without charge and one (1) long distance call of at least fifteen (15) minutes duration to his or her family each week without charge. Free calls to family are not be recorded.</p> <p>Interviews:</p> <ul style="list-style-type: none"> <li>Director</li> <li>PREA Coordinator</li> <li>PREA Compliance Manager</li> <li>Random Residents</li> </ul> <p>The DKRJC provides residents with access to the Charleston Area Medical Center, Children's Advocacy Center to report abuse or sexual harassment privately and anonymously. Residents have access to outside agencies to make a report and the contact information is on the facility brochure and handbook, which includes the telephone number for the agencies.</p> <p>The policy also provides for resident communication by phone with legal representatives. Phone contact with a resident's legal representative is allowed upon resident request. Phone calls to attorneys or legal representatives have no limit; every resident reports the staff will ask if anyone needs to make a professional call during the day and will allow the resident to make the call. Residents have access to their parents/legal guardians by telephone and are allowed visits.</p>

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency have administrative procedures in place if the agency is not exempt from the standard. No corrective action is required.

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 3.34-00 - Residents Rights and Grievance Procedures</li> <li>3. 334.00 - Residents Rights and Grievance Procedures</li> </ol> <p>115.354 (a) Third-party reporting and grievances filed on behalf of residents or former residents will be entered into the Offender Information System and forwarded to the Facility Director. All response time timelines are based on the grievance procedures timelines.</p> <p>Interviews:  Superintendent  PREA Coordinator</p> <p>The DRKJC establishes methods to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident, and the agency makes the information available on the agency website. Third-party reporting and grievances filed on behalf of residents or former residents will be entered into the Offender Information System and forwarded to the Facility Director. All response time timelines are based on the grievance procedures timelines.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. No corrective action is required.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 3.34-00 - Residents Rights and Grievance Procedures</li> <li>3. 334.00 - Residents Rights and Grievance Procedures</li> <li>4. 335.00 - Facility Child Abuse and Neglect</li> <li>5. 3.35-00 - Facility Child Abuse and Neglect</li> </ol> <p>115.361 (a) All employees, professional visitors, volunteers, contract staff and/or other agency employees are to reports any knowledge of any act of sexual misconduct. Division employees are required to contact the Central Office Administrative Duty Officer and the Facility Director. And all are responsible for reporting any known or alleged acts to the Department of Health and Human Resources. All employees are required to report any and all incidents of child abuse to the Facility Director or his or her designee. The Facility Director or his or her designee shall report any suspected incident of institutional child abuse to the division's Director of Investigators or his or her designee and to the Department of Health and Human Resources Child Abuse Hotline at 1-800-352-6513 as soon as possible but no later than forty-eight (48) hours.</p> <p>115.361 (c) All information regarding any sexual misconduct is to be kept confidential and reporting or revealing any information related to a sexual abuse report is prohibited other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>115.361 (d) Medical and mental health practitioners are obligated to inform residents of their mandatory reporting requirements at the initiation of any services to a resident and the limitations of confidentiality.</p> <p>Interviews:  Superintendent  Medical Staff  Random Staff</p> <p>The DRKJC policy, requires any person(s) providing services in the facility who receives information, regardless of its source, concerning sexual abuse or sexual harassment, or who have reason to suspect, or who observe an incident are required to immediately report the incident. The policy applies to employees, contractors, interns, and volunteers, or anyone else in a paid or unpaid capacity involved with or providing services at the facility. The policy details the responsibility to report suspected and actual abuse and neglect of cadets. The staff are required to adhere to the child abuse reporting laws in West Virginia child protection laws and with applicable professional licensure requirements. Division employees are required to contact the Central Office Administrative Duty Officer and the Facility Director.</p> <p>Staff were able to share the multiple ways staff and residents could make reports of</p>

allegations of sexual abuse or sexual harassment. All staff were aware of their mandatory reporter responsibilities. None of the interviewed cadets had reported an allegation of sexual abuse or sexual harassment but could identify the multiple ways of reporting should they need to make a report. The interview with the medical staff indicates she would advise a youth prior to providing services the limitations of confidentiality and her responsibility to report child abuse.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to 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. No corrective action is required.

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 332.00 - Specialized Housing</li> <li>2. 3.32-00 - Specialized Housing</li> <li>3. Memo dated March 13, 2019</li> </ol> <p>115.362 (a) A resident can be placed in protective custody immediately if imminent danger warrants such action or an emergency PREA grievance is filed. The facility PAQ and a memo signed by the Facility Director indicates there were zero (0) reported incidents where the facility determined a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>The facility provided a memo explaining immediate action to protect residents at risk of imminent sexual abuse. When or if staff at the DRKJC learn that a resident is subject to a substantial risk of imminent sexual abuse, they report they would take immediate action to protect the resident. Any staff with knowledge, suspicion, or information they receive that a resident is subject to a substantial risk of imminent sexual abuse shall maintain close supervision of the resident and notify the supervisor immediately. The facility indicated on the PAQ that they have not had any residents at the facility in the past 12 months who have been or reported being subject to a substantial risk of imminent sexual abuse. The Facility Director, PREA Compliance Manager and PREA Coordinator, explained actions they would take in the event a youth was subject to a substantial risk of imminent sexual abuse. The Facility Administrator indicated he would act immediately by notifying the PREA Coordinator and working together to have the resident released/transferred from the facility. If the perpetrator is a staff member, he would prohibit the staff member from accessing the facility or move the staff member while an investigation is being conducted. All interviewed residents denied that they had experienced any feelings of or actual risk of imminent sexual abuse at the facility and reported feeling safe.</p> <p>Interviews:</p> <ul style="list-style-type: none"> <li>Superintendent</li> <li>PREA Coordinator</li> <li>PREA Compliance Manager</li> <li>Random Staff</li> </ul> <p>The Facility Director, PREA Compliance Manager and PREA Coordinator, explained actions they would take in the event a resident was subject to a substantial risk of imminent sexual abuse. The Facility Administrator indicated he would act immediately by notifying the PREA Coordinator and working together to have the resident released/transferred to another facility. If the perpetrator is a staff member the staff member would be prohibited from accessing the facility or move the staff member to a no contact position while an investigation is being conducted. All interviewed residents denied experiencing any feelings of or actual risk of imminent sexual abuse at the facility and reported feeling safe.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the</p>

agency is in full compliance with this standard which requires that when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident. No corrective action is required.

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 335.00 - Facility Child Abuse and Neglect</li> <li>2. 3.35-00 - Facility Child Abuse and Neglect</li> <li>3. Memo dated March 13, 2019</li> <li>4. Investigation Documentation</li> <li>5. 151.00 PREA</li> </ol> <p>115.363 (a) During a phone conversation with the PREA Coordinator prior to the on-site audit and during the documentation review it was explained that the Facility Director to Facility Director notifications are reported to the PREA Coordinator who will then make all notifications. The Facility Director that receives the allegation will report the allegation to the appropriate investigating entity within 72 hours. The facility PAQ indicates the facility received zero (0) allegation that a resident was abused while at another facility. In both instances the DRKJC Superintendent notified the Superintendents at the respective facilities and notified the appropriate authorities.</p> <p>115.363 (d) The agency policy is silent on how a facility will respond upon receiving an allegation received from other agencies or facilities are investigated in accordance with the PREA standards. Agency email correspondence indicates the facility will notify the PREA Coordinator on facility to facility notifications and an investigation is initiated. The facility PAQ indicates the facility received zero (0) allegations of sexual abuse the facility received from other facilities.</p> <p>Interviews: Superintendent</p> <p>The DRKJC policy defines how an allegation from another facility would be handled and processed by the receiving facility. Upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the Facility Administrator receiving the report would notify the agency PREA Coordinator who would contact the facility where the alleged abuse occurred, or the appropriate office of the agency where the alleged abuse occurred; and notify the appropriate state agency and a law enforcement agency with jurisdiction where the facility, in which the alleged abuse took place. The facility Director or designee shall immediately make this notification to the PREA Coordinator as soon as possible, and the PREA Coordinator shall make notification no later than 72 hours after receiving the allegation. All notifications shall be documented with date, time and details of the notification.</p> <p>Accordinging the facility PAQ the facility received zero (0) allegations that a resident was sexually abused in another facility or that a resident was sexually abused while at their facility or sexual abuse the facility received from other facilities. The Superintendent shared the steps he took when reporting the two (2) allegations the facility received from residents who disclosed prior victimization at other facilities.</p>



Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and will also notify the appropriate investigative agency. No corrective action is required.

115.364	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 324.00 - Crime Scenes and Physical Evidence Preservation</li> <li>3. 3.24-00 - Crime Scenes and Physical Evidence Preservation</li> <li>4. Memo dated March 13, 2019</li> <li>5. 324.00 -2 Crime Scene Response Procedures</li> </ol> <p>115.364 (a) Any person providing services to the residents can be a first responder. A first responder is any person who: 1) witnessed the act of sexual misconduct, 2) witnessed the perpetrator leaving the area of the victim, 3) witnessed the victim immediate following an incident, 4) was the person that the victim felt comfortable reporting the occurrence to, or 5) was the person that received information that an alleged incident occurred. The policy requires the first responder to separate the victim from the perpetrator. The safety of the victim is the first priority. The potential crime scene should be kept secure with little or no persons permitted through the scene. Several quality photographs will be taken of all angles of the crime scene. The crime scene will remain sealed and a log kept of all persons who have entered or exited the scene. The scene will remain sealed until such time a time the investigating officer releases the scene. DJS staff are not to collect evidence; their sole responsibility is to secure the potential crime scene. No attempt will be made to collect evidence except by a law enforcement agency.</p> <p>115.364 (b) The facility received zero (0) allegations that a resident was sexually abused and the staff member who received the allegation was a non-security staff member in the past 12 months</p> <p>Interviews:  Random Staff  Specialized Staff</p> <p>The DRKJC policy covers every aspect of the standard to include requiring the staff to: separate the alleged victim and abuser; preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence.</p> <p>Staff were able to communicate effectively and make this auditor aware of their first responder duties and were able to relate the steps they would take as first responders.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report will follow the first responder duties. No corrective action is required.</p>

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Received:</p> <ol style="list-style-type: none"> <li>1. 324.00 - Crime Scenes and Physical Evidence Preservation</li> <li>2. 324.00 -2, Crime Scene Response Procedures</li> </ol> <p>The DRKJC policy states; The Department shall maintain a written institutional plan to coordinate the actions taken in response to an incident of sexual abuse. This plan will serve to define the duties of each person involved in the post-allegation response to an incident. The plan includes the duties and actions of each member of the effort, including staff first responders, supervisory staff, medical staff, mental health professionals, and upper level management. The plan also includes coordination between staff and local law enforcement personnel, as well as state level agencies. The facility Administrative staff and specialized staff were well aware of their individual responsibilities in coordinating their responses to sexual abuse and were able to articulate each step of their first responder duties in a coordinated response. Direct care staff are well aware of their duty to take seriously any knowledge, suspicion, report or allegation of sexual abuse or sexual harassment and all of them indicated they would immediately notify their supervisor and make reports as required.</p> <p>Interviews:</p> <p>Superintendent Random Staff</p> <p>The facility Administrative staff and specialized staff were well aware of their individual responsibilities in coordinating their responses to sexual abuse and were able to articulate each step of their first responder duties in a coordinated response. Direct care staff are aware of their duty to take seriously any knowledge, suspicion, report or allegation of sexual abuse or sexual harassment and all of them indicated they would immediately notify their supervisor and make reports as required.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the facility to develop a written institutional plan to coordinate actions to take in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. No corrective action is required.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. Memo dated March 12, 2019</li> </ol> <p>The DRKJC does not participate in collective bargaining nor any other form of agreement which may limit the Department's ability to remove an alleged staff abuser from contact with residents pending the outcome of the investigation, and if necessary, the extent to which disciplinary measures are applied.</p> <p>Interviews:</p> <ul style="list-style-type: none"> <li>Director</li> <li>PREA Coordinator</li> <li>PREA Compliance Manager</li> </ul> <p>All interviews indicate the agency does not enter into collective bargaining agreements.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which prohibits the agency from entering into a collective bargaining agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with the residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. No corrective action is required.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: 1. 151.00 - PREA</p> <p>115.367 (a) The policy indicates any individual who expresses a fear of retaliation who has participated with or cooperated in an investigation of sexual abuse or sexual harassment against a resident, the Division shall protect that individual against retaliation. The agency has designated the agency and facility PREA Compliance Manager as the individual responsible for monitoring for possible retaliation.</p> <p>115.367 (b) To prevent retaliation, the Division PREA Compliance Manager shall monitor, for at least 90 days following a report of sexual abuse, the conduct or treatment of residents or staff who reported he sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes to that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The Division PREA Compliance Manager will monitor resident disciplinary reports, housing, program changes, negative performance reviews, or reassignments to staff. The monitoring can go beyond 90 days if the initial monitoring indicates a continuing need. The facility PAQ indicates there were zero (0) incidents of staff or resident retaliation.</p> <p>Interviews: Superintendent PREA Compliance Manager</p> <p>The DRKJC policy is clear that the responsibility to protect all residents and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other residents or staff. All staff are responsible for monitoring for retaliation, but the agency and facility PREA Compliance Manager is responsible for formally monitoring for retaliation where a resident or staff member is involved.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other residents or staff and shall designate a staff member responsible for monitoring retaliation. No corrective action is required.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 332.00 - Specialized Housing</li> <li>2. 3.32-00 - Specialized Housing</li> <li>3. Memo dated March 13, 2019</li> </ol> <p>115.368 (a) A resident can request and can be recommended for protective custody if they feel or the facility staff determine such specialized is in the resident's best interest.</p> <p>Interviews: Superintendent</p> <p>The facility provided a memo explaining in the past 12 month there were zero (0) incidents whereby a resident needed segregated housing to address sexual abuse or sexual harassment. The DRKJC policy states; a resident can request and can be recommended for protective custody if they feel or the facility staff determine such specialized assignment is in the resident's best interest.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to use all information subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. No corrective action is required.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 111.00 MAPS Investigative Unit</li> <li>3. 115.00 - Records Management Program</li> </ol> <p>115.371 (a) The West Virginia Department of Military Affairs and Public Safety established a statewide investigation unit to provide investigative services for the Division of Corrections (DOC), Division of Juvenile Services (DJS) and Regional Jail Authority (RJA). The DMAPS investigation unit is responsible for investigating criminal and administrative violations. Whenever an initiating authority believes that there is sufficient, credible information that a felony or serious misdemeanor has taken place, notification of the West Virginia State Police shall be made as soon as practicable.</p> <p>115.371 (d) All allegations of sexual misconduct will be taken seriously and investigated thoroughly by trained investigators. Investigations will be conducted in a timely manner and the investigator will impose no standards higher than a preponderance of the evidence.</p> <p>115.371 (i) According to the facility PAQ there were zero (0) substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.</p> <p>115.371 (j)- Prison Rape Elimination Act Administrative and Criminal Investigation reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years. Sexual abuse data collected annually, shall be retained for at least ten (10) years after the initial collection. All copies of incident reports and related paperwork will be forwarded to the Division's Director of Investigations and retained with the corresponding investigation. DJS will retain all written investigations and as long as the alleged abuser is committed or employed plus five (5) years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. DRKJC staff with a background check last completed in 2014 had their five-year background check completed in February 2019. The agency PREA Coordinator provided the auditor with supporting documentation for two employees, which demonstrated compliance.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. No corrective action is required.</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: 1. 151.00 - PREA</p> <p>115.372 (a) All allegations of sexual misconduct will be taken seriously and investigated thoroughly by trained investigators. Investigations will be conducted in a timely manner and the investigator will impose no standards higher than a preponderance of the evidence.</p> <p>The DRKJC policy explicitly states, all allegations of sexual misconduct will be taken seriously and investigated thoroughly by trained investigators. Investigations will be conducted in a timely manner and the investigator will impose no standards higher than a preponderance of the evidence. The facility has had zero (0) allegations of sexual abuse requiring an administrative investigation.</p> <p>Interviews: Superintendent PREA Coordinator PREA Compliance Manager Investigators</p> <p>All interviews indicated the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is preponderance of the evidence.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and sexual harassment are substantiated. No corrective action is required.</p>



<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. Five-year Investigation Documents</li> <li>3. DRKJC Investigative data</li> <li>4. Memo dated March 19, 2019</li> <li>5. Eleven (11) Notifications forms</li> </ol> <p>115.373 (a) The agency policy requires at the conclusion of the investigation, written notification of the result (substantiated, unsubstantiated, or unfounded) will be given to the resident who has made the original allegation by the facility PREA compliance manager if it is a resident-on-resident complaint. For staff-on-resident complaints, the Director of Investigations will provide written notification to the resident. The facility PAQ reports ten (10) criminal and/or administrative investigations of alleged resident sexual abuse was completed in the past 12 months, and all eight (8) resulted in the residents being notified in writing of the results of the investigation.</p> <p>115.373 (b) The facility PAQ reports zero (0) investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months.</p> <p>115.373 (c) The facility provided the auditor with four (4) reports of staff on youth sexual abuse allegations in the past 12 months. Three of the four allegations were unsubstantiated, and the residents received written notification, which required the residents signature indicating notification received.</p> <p>115.373 (e) In the past 12 months the number of notifications to residents is ten (10); none of which involved sexual abuse but rather sexually abusive behavior and sexual harassment. Of those incidents all notifications were made to the resident and documented.</p> <p>Interview:</p> <ul style="list-style-type: none"> <li>Superintendent</li> <li>Facility PREA Compliance Manager</li> <li>Investigative Staff</li> </ul> <p>All interviews indicate the facility will notify resident's when an allegation of sexual abuse, that the allegation has been determined. The facility provided the auditor with documentation</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency facility to inform the resident as to whether the allegation finding. No corrective action is required.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 138.00 - Progressive Discipline</li> <li>2. Memorandum dated March 13, 2019</li> </ol> <p>115.376 (a) The Division has the responsibility to place a staff member in a no-contact position with residents pending the outcome of an investigation into any allegations of abuse and/or threat against a resident, outcome of criminal proceeding bearing a connection to the employee's position, or other misconduct. Determined by the severity of the violation, corrective action and progressive discipline follows the concept of increasingly severe actions taken by supervisors and managers to correct/prevent an employee's initial or continuing unacceptable work behavior or performance.</p> <p>115.376 (b) According to the facility PAQ zero (0) staff members violated the sexual abuse or sexual harassment policy. Therefore, zero (0) staff have been terminated or resigned prior to termination for violating the agency sexual abuse or sexual harassment policies.</p> <p>115.376 (c)-1 The level of discipline will be determined by the severity of the violation. Employees will be made aware of expected and acceptable levels of performance and notification will be documented and retained, with the documentation being specific and avoiding conclusions that are not supported by facts. As indicated below, progressive and constructive corrective and disciplinary action will normally proceed along a continuum from verbal warning (least severe) to dismissal (almost severe), with incremental steps between unless aggravating or mitigating factors exist to justify deviation. According to the PAQ, in the past 12 months zero (0) staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p>115.376 (d)-1 Any employee who is dismissed from employment or resigns in lieu of dismissal for child abuse or child sexual abuse will be reported to law enforcement and any relevant licensing body.</p> <p>The DRKJC policy describes the agencies progressive discipline process. The policy explains certain staff offenses are so serious the response by the facility is to discharge the employee immediately. When making the decision the agency will consider: The seriousness of the offense, the employee's disciplinary and work records, the employee's length of service, the Department's past practice in similar or identical cases, and the circumstances surrounding the incident that are either mitigating (arguing for lesser penalties) or aggravating (those arguing for more serious disciplinary actions). The policy further states, any employee who is dismissed from employment or resigns in lieu of dismissal for child abuse or child sexual abuse will be reported to law enforcement and any relevant licensing body.</p> <p>The PAQ indicates zero (0) staff from the facility have violated the agency sexual abuse or sexual harassment policy.</p>

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency facility to subject disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. No corrective action is required.

115.377	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 138.00 - Progressive Discipline</li> <li>3. 311.00 - Contractor Escorts and Security Protocol</li> <li>4. 3.11-00 - Contractor Escorts and Security Protocol</li> <li>5. Memo dated March 13, 2019</li> </ol> <p>115.377(a) Sexual conduct between staff and juveniles, volunteers, or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. Persons assigned as contract workers and volunteers are not subject to progressive discipline by the Division; however, they must adhere to policies, regulations, and statutes of the agency or face loss of privilege to volunteer or contract with the Division. Contractors and volunteers are expected to read and sign the background check, confidentiality of information, and PREA acknowledgment policies. In the past 12 month the facility had zero (0) reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>115.377 (b)-1 Any contractor/vendor who engages in sexual abuse/sexual harassment would be prohibited from contact with cadets and would be reported to law enforcement agencies and relevant licensing bodies.</p> <p>The DRKJC policy states; The Department shall prohibit any contractor or volunteer, who engages in sexual abuse, from contact with residents and shall report the sexual abuse to the PREA Coordinator, relevant licensing bodies, and local law enforcement agencies, unless the activity was clearly not criminal. Violations of The Department policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse), by a contractor or volunteer, shall result in the facility taking appropriate remedial measures, and may result in a prohibition of contact with residents. The Department holds all contractors, interns, and volunteers to higher level of ethics, and any breach of those ethics or other infractions may result in termination of his or her services with the Department. The facility has had zero (0) allegations resulting in disciplinary sanctions for contractors or volunteers.</p> <p>Interviews:</p> <p>Superintendent</p> <p>The facility Superintendent reports he has the ability to limit the access of contractors and volunteers for any reason and would immediately suspend their access to the facility if it were determined there was reason to believe they were perpetrators of sexual abuse.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies. No corrective action is required.</p>



115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 330.00 - Resident Discipline</li> <li>2. 332.00 - Specialized Housing</li> <li>3. 3.32-00 - Specialized Housing</li> <li>4. Memorandum dated March 13, 2019</li> <li>5. 151.00 - PREA</li> </ol> <p>115.378 (a) The agency has an exhaustive resident discipline policy which includes a formal due process hearing. In the past 12 months the facility completed one (1) administrative investigations of resident-on-resident sexual abuse that has occurred at the facility. That administrative investigation did not require a criminal investigation.</p> <p>115.378 (b) Any resident held in any type of specialized housing shall have: daily access to a shower; daily access to large muscle activity/recreation, a healthy diet; full educational program; daily access to a health and mental health evaluation; and daily access to a treatment staff person at least once daily. The facility PAQ indicates the facility had zero (0) incidents of residents being placed in isolation as a disciplinary sanction.</p> <p>Interviews:  Superintendent  Medical Staff</p> <p>A resident is subject to disciplinary sanctions in accordance with formal disciplinary procedures following an administrative finding that the resident engaged in resident-on-resident sexual abuse or a criminal finding that the resident engaged in resident-on-resident sexual abuse.</p> <p>The facility has had one (1) allegation of resident-on-resident sexual abuse allegations that resulted in disciplinary sanctions and zero (0) that resulted in a criminal finding. There were zero (0) residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. During an interview with the resident placed in isolation during the on-site audit; the resident reports they were not in isolation as a result of disciplinary action for reporting sexual abuse or sexual harassment.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the facility to establish a policy that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt. No corrective action is required.</p>

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. Intake Mental Health Screening and Assessment prea audit</li> <li>3. JSOAP STANDARD 115.341 b-1</li> <li>4. Intake Mental Health Screening and Assessment prea audit</li> <li>5. Prime care Master problem list</li> <li>6. Prime Care Screening-Assessment</li> <li>7. 335.00 - Facility Child Abuse and Neglect</li> <li>8. 3.35-00 - Facility Child Abuse and Neglect</li> <li>9. Sample Intake Mental Health Screening Assessment</li> <li>10. Eighteen (18) Signed Resident Consent Forms</li> </ol> <p>115.381 (a) Residents with a history of sexual victimization, which have been identified through the intake process should be referred to mental health services as soon as possible but no later than 14 days. In the past 12 months eleven percent (11%) of residents out of eighty-eight (88) admitted have disclosed prior victimization during the screening.</p> <p>115.381 (b) Residents with a history of sexual predation, which have been identified through the intake process should be referred to mental health services as soon as possible but no later than 14 days after intake. In the past 12 months' six percent (6%) youth of eighty-eight (88) admitted previously perpetuated sexual abuse.</p> <p>115.381 (c)-1 Information related to sexual victimization or abusiveness is maintained in the agency Offender Management System (OIS) database.</p> <p>115.381 (d)-1 A review of the sample of consent records the youth have the option of opting out of and not granting consent to release information regarding alleged incident(s).</p> <p>The DRKJC policy states; a risk screening shall be conducted on each resident within seventy-two (72) hours after admission into the facility. In determining if the resident is in need of a referral when a resident has a history of sexual victimization or perpetration, the staff shall consider the results of the screening tool. An interview with the medical staff indicates they will always inform a resident of their limitation to complete confidentiality and under what circumstances they will have to make a report to the appropriate authorities.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency facility to offer resident's a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening when the screening tool indicates that a resident has experienced prior sexual victimization. No corrective action is required.</p>

**115.382 Access to emergency medical and mental health services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents Reviewed:

- 1. 413.00 - Medical Care
- 2. 4.13-00 - Medical Care

115.382 (a) According to the agency policy, residents will have unimpeded access to health care and for a system for processing complaints regarding health care. These are communicated orally and in writing to residents upon arrival at the facility and are put in a language clearly understood by the resident. Resident victims of sexual abuse 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. The facility did not receive any allegations of sexual abuse; therefore, there are no secondary materials demonstrating a youth received emergency medical treatment or crisis intervention services.

115.382 (c) Resident victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and treatment for any sexually transmitted infections.

115.382 (d) Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

The DRKJC policy provides for a juvenile victim who experienced sexual abuse access to forensic medical examinations, at an outside facility, without financial cost. The policy also requires that acute trauma care be provided by the SANE program, including but not limited to, treatment of injuries, HIV/AIDS education, timely access to emergency contraception, STD prophylaxis and testing for sexually transmitted diseases. The facility indicated on the PAQ they have had zero (0) sexual assault victims in the past 12 months requiring a SANE exam.

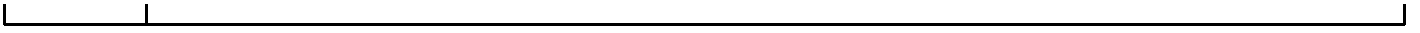
Interviews:

Medical Staff

The facility medical staff report all after-care for a youth who reports sexual abuse can be provided in the facility clinic, and the services meet or exceed the level of care in the community. A crisis triage would be conducted immediately and if necessary, the resident would be transported to the ER via paramedics without delay. The cost associated with the care would not be the responsibility of the resident or his/her family members. All after-care services could can be provided within the facility clinic.

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency facility to provide victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services. No corrective action is required.





115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 545 360">Documents Reviewed:</p> <ol data-bbox="252 371 766 701" style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 5.11-00 - Release of Residents</li> <li>3. 511.00 - Release of Residents</li> <li>4. 4.13-00 - Medical Care</li> <li>5. 413.00 - Medical Care</li> <li>6. 500.00 - Intake and Admissions</li> <li>7. 5.00-00 - Intake and Admissions</li> <li>8. Memorandum dated March 19, 2019</li> </ol> <p data-bbox="252 757 1484 1043">115.383 (a) Any resident who is a victim of sexual misconduct will receive medical, crisis intervention, mental health treatment and any type of long-term follow-up care as needed from DJS. If necessary, victims of sexual assault are referred under appropriate security provisions to a hospital for treatment and gathering of evidence. The facility OP procedure for releasing a resident from DJS requires medical/mental health evaluation and treatment for sexual abuse victims, including follow-up services, treatment plans and referrals for continued care upon release or transfer to another agency.</p> <p data-bbox="252 1099 1477 1261">115.383 (b) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The facility serves male and female residents; therefore, this standard is applicable.</p> <p data-bbox="252 1317 1406 1476">115.383 (g) Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. DRKJC residents requiring treatment services are provided treatment without cost.</p> <p data-bbox="252 1532 424 1599">Interviews: Medical Staff</p> <p data-bbox="252 1657 1481 1861">The facility will offer medical and mental health evaluation and, as appropriate, treatment to all residents who are victims of sexual abuse in any facility. The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p data-bbox="252 1917 1481 2076">Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency facility to offer medical and mental health evaluation as appropriate to all residents who have been victimized by sexual abuse. No corrective action is required.</p>



115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. Sample of seventeen (17) PREA Incident Review Report</li> </ol> <p>115.386 (a) The PREA Compliance Manager will conduct a sexual abuse incident review at the conclusion of every resident-on-resident sexual abuse investigation (conducted by facility PREA personnel) within thirty (30) days, unless the allegation has been determined to be unfounded. The Division PREA Coordinator will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation conducted by the Division Investigators within thirty (30) days, unless the allegation has been determined to be unfounded. The facility provided a very comprehensive review report for a substantiated staff sexual misconduct allegation. In the past 12 months the facility received five (5) PREA allegations (not sexual abuse) requiring a criminal and/or administrative investigation.</p> <p>115.386 (b)-2 Of the seventeen (17) PREA allegations (not sexual abuse) allegations received, all seventeen (17) allegations resulted in an incident review within 30 days. The facility has a practice of reviewing all PREA reports/incidents.</p> <p>115.386 (c)-1 A review team will consist of staff from administration, line supervisors, investigators and medical or mental health practitioners.</p> <p>115.386 (e)- 1 The facility reviews all sexual abuse and sexual harassment allegations. None of the incident reviews identified areas of concern requiring corrective action.</p> <p>Interviews:</p> <ul style="list-style-type: none"> <li>Superintendent</li> <li>PREA Compliance Manager</li> <li>PREA Coordinator</li> <li>Medical</li> </ul> <p>The incident review team members report when reviewing incidents or allegations they will examine the area of the facility where the incident occurred to determine if there are physical barriers, staffing changes or camera installation.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency facility to conduct sexual abuse incident review at the conclusion of every sexual abuse investigation. No corrective action is required.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 2017 Investigative Total</li> <li>3. Annual Report facility breakdown</li> <li>4. DJS PREA 2017 Annual Report</li> <li>5. DJS PREA 2017 Annual Report</li> <li>6. BJS 2018 Year in Review</li> <li>7. Definitions</li> <li>8. 115.00 Records Management Program</li> </ol> <p>115.387 (a) The Division collects accurate, uniform data for every allegation of sexual abuse at the facilities under its control using the PREA Incident Review data from OIS. The PREA Incident Review includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the United States Department of Justice. The Division maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.387 (b)-1 The PREA Year in Review report entails information about 2017 highlights, 2018 goals, and incident data.</p> <p>The DRKJC policy outlines procedures for collecting uniform data on all allegations of sexual abuse and sexual harassment. The PREA Coordinator indicated he would review, collect all data including investigative reports and files, identify trends, implement recommendations and document the reason for not doing so within the facility.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in full compliance with this standard which requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities. No corrective action is required.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. BJS 2018 Year in Review</li> <li>2. 151.00 PREA</li> </ol> <p>115.388 (a) The Division of PREA Coordinator will review, analyze and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection and response policies, practices and training. The Division PREA Coordinator will ensure that all collected data is securely retained.</p> <p>115.388 (b) The Division PREA Coordinator will submit an Annual Report with redacted material to the Division Director for publication approval for release on the DJS PREA website. Before making aggregated sexual abuse data publicly available, the Division will remove all personal identifiers.</p> <p>115.388 (d)-1 Prison Rape Elimination Act Administrative and Criminal Investigation reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years. Sexual abuse data collected annually, as required, will be retained for at least ten (10) years after the initial collection.</p> <p>The facility collects incident-based data that includes, at a minimum the data necessary to answer questions from the most recent version of the Survey of Sexual Violence, although the facility does not report data directly to BJS. The facility utilizes the Data Review and Corrective Action form to report data and makes the report readily available to the public through its website. The 2018 data report is listed on the website at the time of the on-site audit.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. 151.00 - PREA</li> <li>2. 115.00 - Records Management Program</li> </ol> <p>The DRKJC policy states; The Department shall ensure that all data collected pursuant to PREA 115.387 are securely retained. The Department shall make all aggregated sexual abuse data from facilities under its direct control, and private facilities with which it contracts, readily available to the public through the Department web site, on an annual basis. The Department shall remove all personal identifiers prior to making aggregated sexual abuse data publicly available. The Department shall maintain sexual abuse data collected pursuant to PREA 115.387 for at least 10 years after the date of its initial collection, unless Federal, State, or local law requires otherwise.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The West Virginia Division of Juvenile Services conducted three (3) PREA audits during the 2018-2019 audit year of the second audit cycle. In review of the agency PREA website the facility posted audit reports indicating the same three facilities completed PREA Audits during the first audit cycle in compliance with the PREA standards. The Auditor was provided with documents through the Online Audit System, additional supporting documents while on-site and full access to interview staff and residents.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency posted the 2016 Final Auditor report on the agency PREA website. The report can be found at the following:</p> <p>file:///H:/PREA/West%20Virginia/Donald%20Kuhn/Donald%20R.%20Kuhn%20Juv enile%20Center%20Final%20PREA%20Audit%20Report%20(2016).pdf</p>

## Appendix: Provision Findings

115.311 (a)	<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

115.311 (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

115.311 (c)	<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

115.312 (a)	<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



115.312 (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?	no
	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.)	yes

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

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	<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

115.315 (a)	<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

115.315 (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

115.315 (c)	<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

115.315 (d)	<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

115.315 (e)	<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

115.315 (f)	<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	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
--	---	--

<b>115.316 (b)</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

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

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes



115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<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

115.321 (c)	<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

115.321 (d)	<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

115.321 (e)	<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

115.321 (f)	<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

115.321 (h)	<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

115.322 (a)	<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

115.322 (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

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

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	<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

115.331 (c)	<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

115.331 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	<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

115.335 (a)	<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?	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?	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?	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?	yes

115.335 (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.)	yes

115.335 (c)	<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?	yes

115.335 (d)	<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?	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?	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

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	<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

115.341 (e)	<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

115.342 (a)	<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

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes



115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	<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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (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

115.353 (c)	<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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<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?	no

<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

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<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



115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d) Reporting to residents		
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e) Reporting to residents		
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a) Disciplinary sanctions for staff		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b) Disciplinary sanctions for staff		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c) Disciplinary sanctions for staff		
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	<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

115.377 (a)	<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

115.377 (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

115.378 (a)	<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

115.378 (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

115.378 (c)	<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

115.378 (d)	<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

115.381 (c)	<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

115.381 (d)	<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

115.382 (a)	<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

115.382 (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

115.382 (c)	<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

115.388 (a)	<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

115.388 (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

115.388 (c)	<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

115.388 (d)	<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

115.389 (a)	<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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes