

# PREA Facility Audit Report: Final

**Name of Facility:** Sam Perdue Juvenile Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/24/2020

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> J. Aaron Keech	<b>Date of Signature:</b> 03/24/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Keech, Aaron
<b>Address:</b>	
<b>Email:</b>	akeech37@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	02/10/2020
<b>End Date of On-Site Audit:</b>	02/11/2020

**FACILITY INFORMATION**

<b>Facility name:</b>	Sam Perdue Juvenile Center
<b>Facility physical address:</b>	1409 Greenbrier Street, Charleston , West Virginia - 25311
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

**Primary Contact**

<b>Name:</b>	Tim Harper
<b>Email Address:</b>	Timothy.V.Harper@wv.gov
<b>Telephone Number:</b>	304-558-2036

**Superintendent/Director/Administrator**

<b>Name:</b>	Gary Patton
<b>Email Address:</b>	Gary.L.Patton@wv.gov
<b>Telephone Number:</b>	304-425-9721

**Facility PREA Compliance Manager**

<b>Name:</b>	Raymond Hall
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<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Melissa D Price
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<b>Telephone Number:</b>	304-425-9721

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	20
<b>Current population of facility:</b>	19
<b>Average daily population for the past 12 months:</b>	1892
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	14-20
<b>Facility security levels/resident custody levels:</b>	Medium
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	43
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	8

**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>Email Address:</b>	Betsy.Jividen@wv.gov
<b>Telephone Number:</b>	304-558-6032

**Agency-Wide PREA Coordinator Information**

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

### **Audit Narrative**

The PREA certified audit of the Sam Perdue Juvenile Center was conducted by auditor, J. Aaron Keech, and co-auditor Darlene Baugh, US DOJ Certified PREA Auditors contracted through Diversified Correctional Services, Inc. independently contracted to complete the PREA audit. The PREA audit of the Sam Perdue Juvenile Center, ("The Facility"), West Virginia Department of Corrections, Division of Corrections and Rehabilitation operated under the governing authority of the West Virginia Department of Military Affairs, ("The Agency") was scheduled for one day, Monday, February 10, 2020. The Sam Perdue Juvenile Center underwent their first PREA audit on August 15, 2015 and the second PREA audit on May 17, 2017 both audits conducted by PREA auditor Walter Sipple. Both audits of the Sam Perdue Juvenile Center were certified as compliant with the PREA standards.

### **Pre-Audit Phase:**

During the pre-audit phase, on December 18, 2019 and January 31, 2020 meetings by telephone conference call with the Director of PREA Compliance, PREA Coordinator, auditor and co-auditor. The purpose of the meetings was to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explaining the audit process, establishing goals and objectives and setting timelines and milestones throughout the Pre-Audit phase.

During the Pre-Audit phase, on December 15, 2019, the facility received instructions both in English and Spanish to post the required PREA Audit Notice for confidential communications before December 30, 2019, six weeks prior to the on-site phase. On December 31, 2019, the auditor received photographs indicating the required audit notices were posted in various locations throughout the facility. The notices were posted in color with decent sized text, both in English and Spanish versions. The audit notices explained that correspondence would be treated as legal mail to ensure confidentiality and privacy. Throughout the audit phases, this auditor did not receive any written confidential correspondence from facility staff or residents as a result of the posted notices.

On January 10, 2020, four weeks before the on-site visit, the Pre-Audit Questionnaire along with supportive (documentation) was received via the PREA On-line Audit System (OAS) for the auditor to review. The auditor wishes to extend his appreciation to the Agency Staff, PREA Coordinator, facility PREA Compliance Manager, facility Administrative staff and employees of the West Virginia Department of Corrections for their professionalism, hospitality, and kindness.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet research, policies and procedures review, and additional supportive documentation. The information necessary for the audit was provided on the PREA Online Audit System (OAS) allowing the auditor to easily review relevant information. The results of the Pre-Audit Questionnaire and supporting documentation review were shared on an issue log with the Director of PREA Compliance, PREA Coordinator and co-auditor. The auditor requested minimal documentation relating to procedures and clarification with facility and agency operations. Additional requests for information were exchanged throughout the pre-audit phase. The requested information was provided to the auditor in an efficient manner. Phone conversations were conducted and emails exchanged with the agency Director of PREA Compliance to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explaining the audit process, establishing goals and objectives and setting timelines and milestones.

On January 31, 2020 and February 3, 2020, the auditor received the staff roster, staff schedule for random and specialized staff for the on-site audit days. The auditor was also provided a complete resident roster. The auditor contacted Just Detention International to inquire if that Agency or Facility had received any information regarding the facility. A check of their records showed no complaints on file regarding the parent agency or facility. The West Virginia Child Advocacy Network and Child Protect of Mercer County Inc. were contacted as well, which resulting in no reports or complaints regarding the agency and facility. The auditor conducted internet research regarding the facility by searching the internet for any Department of Justice involvement, litigation and federal consent decrees, Bureau of Justice Statistics (BJS) data, local oversight bodies, and news articles resulting in no findings related to sexual abuse or sexual harassment. Again, during all audit phases, the auditor did not receive any written confidential correspondence from facility staff or residents as a result of the posted notices.

#### **Outreach to Outside Advocates:**

The auditor contacted and interviewed the Executive Director from the Child Protect of Mercer County Inc., a non-profit organization, nationally-accredited child advocate center that support and coordinate the efforts of a team of professionals consisting of law enforcement investigators, prosecutors, child protective services workers, medical and mental health professionals and victim advocates. The center provides services to include case review and tracking, forensic interviews, forensic medical examinations, victim support and advocacy, supportive counseling and community education and awareness services. In cases of sexual abuse, forensic medical examiners and victim advocates respond to both Princeton Community Hospital and Bluefield Regional Medical Center which serves as a local hospitals for the facility. Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. The Executive Director indicated they provide their services to residents free and in a confidential manner. The Executive Director further stated ChildProtect of Mercer County Inc. has had a long standing relationship with the Sam Perdue Juvenile Center to develop the Memorandum of Understanding Agreement between West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services- Sam Perdue Juvenile Center and Child Protect of Mercer County, Inc. Child Advocacy Center.

Over the past twelve months, the center provided services for youth who have been victims of prior sexual abuse while in the community and allegations that occurred at the Sam Perdue Juvenile Center. At the state level, the West Virginia Child Advocate Network (WVCAN), promotes community awareness and advocacy, provides training and technical assistance to the twenty-one child advocate centers (CAC) to evaluate and assess their efficacy, and acquire funding to ensure CACs are well equipped to help end the cycle of abuse. The Director of Strategic Initiative Services confirmed the centers ability the same level of care and services as in the community and for youth at the Sam Perdue Juvenile Center.

#### **On-Site Phase:**

The on-site audit phase began on the morning of Monday, February 10, 2020 at 6:00 a.m. with a brief introduction with the auditor, co-auditor, Director of PREA Compliance, and the facility PREA Compliance Manager followed by interviewing overnight random and intermediate level staff. After overnight staff were interviewed, an entrance meeting was held at 7:10 a.m. with the auditor, co-auditor, Director of PREA Compliance, PREA Coordinator, and facility PREA Compliance Manager.

After introductions, a discussion about the audit process and an explanation of the audit's logistics for the day were completed with all participants. With agency and facility staff present for the entrance meeting, it was evident the agency and facility take PREA implementation very serious, was a team approach which resulted in staff buy in to PREA standard compliance.

After the entrance meeting, the facility tour began with the auditor, co-auditor, Director of PREA Compliance, and the facility PREA Compliance Manager. The auditors were provided unimpeded access to all parts of the facility, including the administrative suite, intake and medical areas, holding cell area, staff offices, gymnasium, dining area, kitchen, educational (HVAC) classroom building, two story resident living unit with an open dayroom and an outdoor recreation court area. During the tour, the telephone and reporting systems were observed and tested for verification purposes and compliance. Following the facility tour, a review of the facility's camera system to verify all cameras were operational and cameras that do not have line of sight viewing in areas where residents change clothing and shower and bathroom areas. The auditors conducted resident file review and staff personnel files. After all on-site duties and responsibilities were completed, an exit conference meeting was held with the auditor, co-auditor, Director of PREA Compliance, PREA Coordinator, Facility Superintendent, Facility PREA Compliance Manager, Program Director (Mental Health) and Human Resource Administrative Manager/Supervisor.

The auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the pre-audit and on-site audit phases. Based on the findings during those phases, the auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and residents, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in a final report.

After further review while on-site, it was discussed and determined additional documentation was required for four (4) standards in order to work toward compliance. Those standards were as follows: 115.313: Supervision and monitoring by requesting additional information regarding cameras, camera placements, and blind spot areas. Standard 115.315: Requirement for additional follow up staff training on the limits to cross gender viewing and the definition of exigent circumstances. Standard 115.331: The staff training lesson plan lacked description on the topic of dynamics of sexual abuse and harassment in confinement setting and staff lacked the knowledge and understanding of this concept as related to facility culture. Standard 115.351: The telephone system for resident reporting was partially inoperable and procedure was unclear. The Director of PREA Compliance, PREA Coordinator, PREA Compliance Manager and support staff would send this auditor with the requested documentation within thirty (30) to forty-five days (45) after the on-site phase to be compliant with all the PREA standards. The auditor received the requested additional information prior to the submission of this final report. This auditor reviewed all requested material and this facility is in full compliance with the PREA standards.

**Tour:**

After the entrance meeting, the facility tour began with the auditor, co-auditor, Director of PREA Compliance, and the facility PREA Compliance Manager. The auditors were provided unimpeded access to all parts of the facility. The following observations were noted during the tour:

- As required by the auditor, on-site audit notices of the PREA audit were posted throughout the facility in areas where the public have access, and all living units
- There were several areas where youth had no access to which were the Administrative suite, Kitchen food preparation area, outside loading dock area.
- The facility has two segregated or isolation rooms/cells.
- Posters showed how residents can make reports of sexual abuse; ways to report sexual abuse were posted throughout on the facility.
- The resident's files are kept in secure area.
- PREA information was posted and available in Spanish and English to include reporting information.
- The cameras do not have a line of sight into residents' rooms, or the toilet and showers.
- To some degree, cameras were placed strategically throughout the facility in areas to reduce blind spots.
- Bed assignment sheets were located on the living unit indicating resident bed location based on their vulnerability and aggressiveness assessments.
- Unannounced rounds were being conducted on the living units by Intermediate level staff. Female staff do not conduct showers or bathroom breaks and male staff posts themselves in a visible area to ensure youth do not leave the area without approval.
- When residents take showers, they are clothed when going to and exiting the shower area.
- Vocational technology building or commonly known as the (heating, ventilation and air conditioning) HVAC building and classroom area had tools and equipment were properly and secured safely. The use of a shadow board and tool sign in and out forms were observed with staff to youth ratio of 1:6.
- School classrooms were observed with proper staff to youth ratios along with an instructor and residents were well behaved and engaged in classroom instruction.
- When the Auditor paused to speak to a resident or staff, it was requested that the staff on the tour please step away so the conversation may remain private.
- The cleanness of the facility was excellent. During the tour the residents were well behaved, and while randomly speaking with residents indicated they are aware of PREA. It was very evident the



facility emphasizes order, structure, staff and resident safety.

- The auditor had the opportunity to view resident and staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both residents and staff.

#### **Tour Recommendations:**

Resident Postings and Notices for internal and external reporting mechanisms. The notices such as reporting contact information and grievance instructions, outside counseling services was disorganized and unclear on how to utilize the reporting mechanisms. During the evidence review phase, the facility revised and reposted the reporting instructions making it more clear, concise, and understandable way for residents. The Director of PREA Compliance forwarded documentation indicating the updated material for compliance.

The Youth Telephone Reporting System had limited access for resident to hotline access to make a report. Facility staff tested the line resulting in the inability to make a successful call. After the on-site visit, the facility contacted the telephone service provider to troubleshoot the issue. The phone service was resolved, and residents have access to the telephone to make a report. All calls made through the hotline are not recorded offering resident's anonymity and in as confidential manner as possible.

Over the past two years, the agency and facility have increased the number of cameras and upgrade software to address and reduce blind spots. During the evidence review phase, three mirrors were ordered to improve viewing coverage in the Intake area, resident stairwell, and laundry room. For the remaining areas, requests have been made to purchase and install additional cameras.

Coordinated Response Planning- As a proactive measure regarding evidence protocol the auditor suggested the facility may provide medical staff with a PREA response kit supplied with medical supplies such as non-latex gloves, paper evidence bags, collection cups, caution tape, and paper jumpsuits to preserve evidence in cases of sexual abuse. The agency and facility staff took this suggestion under advisement and decided to use a portion of their PREA grant funding to purchase supplies and have at all statewide juvenile facilities. The agency has contacted several vendors to order and purchase the necessary medical supplies. The expected turnaround time for this project is approximately one month and once they are received delivery will shortly thereafter. Coordinated Response poster will also be ordered to continue and increase staff knowledge and understanding.

A camera review was conducted with the auditors and intermediate level staff and was completed by using his desktop computer and monitors. The video camera system is only accessible to agency and facility administration and the agency's investigative unit. The DVRs have a forty-five (45) day retention period. There were three cameras that appeared fuzzy or blurred, located in the kitchen, loading dock area, and outside the resident living unit entrance.

#### **Random Staff Interviews:**

The auditor selected staff at random from the staffing roster provided by the facility prior to the on-site audit dates. The selection included a cross section of staff to ascertain the training levels of staff in various positions and all shifts. Thirteen (13) Random Staff from the three shifts were selected and

formally interviewed while on-site. The auditor was provided a private room within the facility from which to work from and conduct confidential interviews with random and specialized staff. The private rooms were the staff supervisor's office and library located near the dayroom/dining area.

Overall, the random staff who were interviewed revealed they have been trained and educated on PREA and were very knowledgeable of the agency's Zero Tolerance Policy requiring staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, any retaliation against residents and staff, and any neglect or violation of responsibilities that may contribute to an incident.

Knowledgeable strengths from the random staff were in areas of the following: prohibition from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status, policies for opposite gender entering the housing unit and that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender (115.315), agency's use of resident interpreters when making an allegation (115.316), agency's protocol for obtaining physical evidence if resident alleges abuse (115.321), how can staff privately report sexual abuse of residents, how residents can privately report (115.351), knowing or learning a resident is at imminent risk and how quickly they take action (115.362), policies for opposite gender entering the housing unit and that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender (115.315), staff reporting requirements and the agency/facility's procedure for reporting (115.361), first responder duties (115.364.)

Knowledgeable weaknesses from random staff were in the areas of agency policy and procedures on cross gender pat down searches and searches of transgender and intersex residents and provide an example of a circumstance that would warrant a cross gender search (115.315) and knowing the dynamics of sexual abuse and sexual harassment in confinement (115.331). After the on-site visit, all staff were re-trained on the above-mentioned topics related to cross gender pat down searches, examples of exigent circumstances, and the dynamics of sexual abuse and harassment in confinement. The Director of PREA Compliance sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance of the standards.

#### **Administration/Agency Leadership and Specialized Staff Interviews:**

During the audit phases, Specialized Staff at the agency level were interviewed on-site and by telephone to include the following: an Agency Level Designee- Deputy Commissioner, Director of PREA Compliance, PREA Coordinator, Medical Director, Agency Contract Administrator, Administrative Human Resources Manager, Facility Superintendent, Facility PREA Compliance Manager, Medical Staff, Staff that Perform Screening for Risk of Victimization and Abusiveness, Designated Staff Member Charged with Monitoring Retaliation, two (2) Agency and Facility Administrative Investigators, two (2) Mental Health Staff, two (2) Intermediate or Higher Level Staff, two (2) Volunteers who have contact with residents, two (2) SANE/SAFE Staff, three (3) Incident Review Team Members, three (3) Intake Staff, four (4) Contractors (one Barber and three Education Staff) who have contact with residents, and thirteen (13) Random Staff covering all shifts. The number of targeted or specialized staff interviewed were thirty-one (31), thirteen (13) Random Staff. The total number of staff interviewed were forty-four (44).

Overall, specialized staff interviews revealed that staff is very knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report. Of note, some randomly selected staff serve in one or more specialized roles and duties based on the facility size and characteristics of the facility. Some staff members were interviewed more than once if their duties covered more than one specialized area. All Random Staff were interviewed as first responder security and non-security staff. Overall, specialized staff interviews revealed that staff is very knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

#### **Residents Interviewed:**

The number of residents housed on the day of the on-site visit were eighteen (18). The auditors selected a sample of residents geographically diverse by admission date, race, and date of birth, disabilities, and overall vulnerability and aggressiveness. All residents committed to the facility have perpetrated and were victims of sexual abuse or harassment. The auditors were provided a private room within the facility from which to work from and conduct confidential interviews with residents. The private rooms were the staff supervisor's office and library located beside the dayroom/dining area. The location allowed for a non-threatening or intimidating environment, which resulted in the resident being comfortable during the interview process. For those targeted resident categories that were present at the time of the on-site audit, additional random resident interviews were added to the total number of interviews.

The breakdown of resident interviews was as follows: one (1) Resident with a Physical and Cognitive Disability, one (1) Resident who Identify as Lesbian, Gay, or Bisexual, one (1) Resident who Reported Sexual Abuse or Sexual Harassment, one (1) Residents who Reported Sexual Victimization During Risk Screening, and six (6) random resident interviews. The total number of residents interviewed was ten (10).

Interviews with residents confirmed they are informed and educated on the agency's Zero Tolerance Policy, their rights to be free from sexual abuse and sexual harassment, and how to report sexual abuse or sexual harassment. They were notified of the rules against sexual abuse and the right to be free from retaliation for reporting. Furthermore, residents are never naked in full view of any male or female staff or resident. When staff conduct pat down or visual body searches they are conducted by same gender staff and searches are in a professional and respectful manner. Residents interviewed reported they feel safe and more importantly feel sexual safe with the facility. Residents are allowed privacy when speaking with their attorneys and allowed visitation with family or someone else.

Six (6) out of ten (10) residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Residents interviewed knew what kinds of services were available, received mailing addresses, and understood what information remains private and what is told to or listened to by someone else. (115.353)

When residents were asked, "does staff of the opposite gender announce their presence when entering your housing area or area where you shower or perform bodily functions," ten (10) residents reported staff of the opposite gender announce their presence when entering the unit. Furthermore, all ten (10) residents knew the reason why staff of the opposite gender are to announce their presence. (115.315)

With regards to youth screening questions (115.341), ten (10) residents were asked "when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse, all but one (1) resident could not remember if he was asked since it was a long time ago. The auditor asked if staff ever asked the screening questions again and, nine (9) out of ten (10) residents indicated they have been asked the question more than one time. The one (1) resident who stated "no" they have not been asked the question more than one time, a file review was completed, and records indicated the residents were asked the question on more than one occasion.

In cases where the auditor was unable to meet the required number of interviews in a particular targeted population, the auditor relied on interviewing additional random residents and specifically asking the residents while placed within this facility and to their knowledge, there have been any residents who have been blind, deaf, or hard of hearing; limited English proficient, residents aware of any resident who identify as transgender or intersex. When interviewing administrative and specialized staff, the auditor asked similar questions in order to gain additional information to meet the targeted number of residents.

**Documentation requested by the facility and received prior to on-site:**

- Complete Resident Roster
- Residents with Disabilities and Limited English Proficient Residents
- LGBTI Residents
- Residents who have been in isolation
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Contractors who have contact with Residents
- Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Medical services: On-site medical area
- Eleven (11) sexual abuse and sexual harassment allegations for the past twelve (12) months. The breakdown of sexual abuse and sexual harassments allegations were as follows: Seven (7) allegations identified as Resident on Resident Sexual Harassment with an outcome of three (3) substantiated, four (4) unsubstantiated, and zero (0) unfounded. Two (2) Resident on Resident Sexual Abusive Contact allegations with an outcome of one (1) substantiated, one (1) unsubstantiated, and zero (0) unfounded. One (1) allegation of Staff on Resident Sexual Harassment with an outcome of unsubstantiated and one (1) allegation of Resident on Resident sexual abusive contact determined through investigation as a consensual act.

**On-site Documentation Review:**

- Ten (5) Resident Medical and Mental Health Files (of those residents interviewed and half non-interviewed)
- Seven (7) Resident Social files (all those residents interviewed)
- Random List of twenty (20) staff, volunteers, and contractors verifying 115.317 Hiring and Promotion standard
- Eleven (11) Investigation files indicating findings and outcomes, and if referred for criminal

investigations

- Logbook and Binder Review on random living unit

### **Post-Onsite Audit Phase**

To determine standard compliance, the auditor used a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, practice, interviewed staff, residents, and local and national advocates to make determinations for each standard and provision. The summary of corrective action is in the audit narrative section of each standard. There were approximately four (4) standards that require policy and procedural updates, additional supporting documentation, staff training, and demonstrate compliance.

After the onsite phase of the audit, the auditor and Director of PREA Compliance agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. All agency and facility administrators including the PREA Coordinator, facility Superintendent, facility PREA Compliance Manager indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies. It was very evident the State of West Virginia, Division of Corrections and Rehabilitation, Sam Perdue Juvenile Center have worked diligently to implement the PREA standards into daily operation. The Director of PREA Compliance and this auditor were in constant contact throughout all audit phases. Again, the auditors would like to thank all staff and employees of the West Virginia Department of Corrections and Rehabilitation for their professionalism, hospitality, and kindness.

## **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.

### **Mission Statement of the West Virginia Division of Corrections and Rehabilitation**

"West Virginia Division of Juvenile Services is committed to balancing community safety and the positive development of youth in the Juvenile Justice system by utilizing best practices in providing effective community, family, and resident services that are individualized and promote positive behavioral change and accountability."

### **Vision of the West Virginia Division of Corrections and Rehabilitation**

Vision is to reduce recidivism and enhance prosocial development of West Virginia's at-risk youth.

### **West Virginia Division of Corrections and Rehabilitation Division is committed to the following guiding principles:**

1. To accomplish our mission with integrity and ethical behavior while recognizing strength of diversity in employees and youth.
2. To professionalism through competency accountability, staff development and pride in quality work.
3. To promote an environment in which all individuals are treated with dignity and respect.
4. To ongoing assessment and evaluation of all programs and services to ensure their effectiveness.
5. To the development of skills in juveniles and their re-socialization through the preservation of families and community collaboration.
6. To open communication internally and externally to ensure employee and public's understanding and support.
7. To provide a high standard of care for all youth entrusted to us.
8. To individualize our approach to meet the developmental needs of each youth.

### **The Core Values of the Division of Corrections and Rehabilitation Division are:**

Communication, Integrity, Role Modeling, Teamwork, Respect, Safety, Consistency, Leadership, Professionalism, and Accountability

### **Accreditation:**

The Sam Perdue Juvenile Center received and earned a Certificate of Accreditation from the National Commission on Correctional Health Care recognized upon recommendation of its Accreditation Committee to have met all the requirements of accreditation under NCCHC's Standards for Health Services. The facility is also certified as a model facility for Positive Behavioral Interventions and Supports (PBIS).

**Facility Background and Programming, Physical Plant and Security Supervision:**

The Sam Perdue Juvenile "Gateway" Treatment Program is housed in a hardware secured facility located in Mercer County, West Virginia. Sam Perdue Juvenile Center started treating committed sexual offenders in September 2013.

The Gateway Program is a 20-bed, residential treatment program for juvenile male sex offenders and is designed to provide quality care to individuals who have engaged in sexual offending behaviors, to assist them in managing their risk of sexually reoffending and to provide them the tools necessary to live a safe, healthy, and rewarding life.

The Program utilizes three master's Level staff consisting of a Program Director responsible for clinical oversight of the Sex Offender Specific Program and two therapists who offer weekly Sex Offender Specific individual and group therapy sessions. In addition, the treatment team includes a Case Manager who is the legal liaison for the residents, a Corrections Counselor II and two Counselors I's who assist the residents with organized recreation, personal phone calls, provide support, direction, and facilitate daily psycho-education groups such as life skills, substance abuse, team building, and anger management. Lastly, security staff completes the direct care team, offering support and safety as to all strive to model the skills, and teach our residents on a daily basis.

The residents are supervised 24 hours a day, 7 days a week to ensure their safety and positive compliance with the program. Their day is highly structured and designed to present the residents every opportunity to recognize their own strengths and barriers and to become responsible, accountable, and successful young men. Religious services are offered weekly and often twice a week, but attendance is voluntary. There is normally a revival held bi-annually, but attendance is voluntary as well.

The West Virginia Department of Education provides services to residents at Sam Perdue Juvenile Center. The education department is staffed with a school counselor, regular educator, special educator, and a career tech instructor. The main goal for the education department is to meet all educational needs for all students. Students at SPJC will earn high school credits for all courses successfully completed. Younger students will focus on middle school curriculum for grade level advancement. In addition to core subjects offered: Career, Life Skills, CIEL and LINKS curriculums provide additional skills.

The education department has a vocational building for HVAC and in addition to HVAC several useful certifications are available including OSHA and Food Handler's. Education participates in credit recovery to gets students on track with their graduating class. The facility holds ceremonies for high school graduates in December and May when applicable which includes caps and gowns from their home county schools with an invitation extended to family. A graduation dinner is also provided at the conclusion of graduation. NASA also visits the facility annually for robotics and this year Nasa was on site to demonstrate an interactive program for students to be part of a natural disaster recovery team through problem-solving. This project was a huge success and the residents worked as a team to deal with a realistic catastrophic event. The NASA participation is scheduled to be ongoing in conjunction with the education department for the foreseeable future.

The "Gateway" program is designed to be structured and self-paced. Completion of the program is contingent upon the motivation of the resident however the program is designed to be completed in 12 to 18 months. The focus is on three critical areas: Education, Sex Offender Specific Group/Individual Counseling, and Behavior Phase Advancement. A Relapse Prevention Plan is developed toward program completion between the therapist and offender. The resident's then present the Relapse Prevention Plan to the treatment team and works with their family to help have a realistic working plan in place when it is time to transition from this highly structured environment back into the community.

It should be noted that historically, more success has derived from sentencing when it is Program Completion or 21 years old. The team believes it is beneficial due to the motivating factor itself of being incarcerated until age 21 or discharged in 12 to 18 months.

#### **SAM PERDUE GATEWAY TREATMENT CENTER ADMISSION CRITERIA**

- Adjudicated adolescent males between the ages of 13 and 20.
- No Adult Commitment residents (no residents who are charged as adults, to be transferred to adult jurisdiction up reaching 18th birthday.)
- Full Scale IQ of no less than 68; consideration may be made with those referrals not meeting this requirement.
- Pervasive history of sexually abusive behavior.
- Evidence suggests the resident would not be successful in a less restrictive environment.

#### **ADMISSION DETERRENCES**

- If the juvenile does not have any charges with "sexual intent".
- Adult commitment.
- Evidence suggests that the resident would be successful in a lesser restrictive treatment modality. "Needs prior treatment failures or this environment considered least restrictive by the court."
- Does not have a pervasive history of sexually abusive behavior.
- Reduced charges with a 'flat' sentence. (Residents are not typically willing to disclose embarrassing and deviant sexual behaviors when they have a choice to serve a flat.)
- Full scale IQ of 68 or less

#### **PROGRAM GOALS**

- To identify and treat patterns of sexual offending.
- To adequately diagnose and treat any psychiatric issues.



- To eliminate criminal thinking and criminal behaviors.
- To facilitate the dynamics of socially appropriate behavior.
- To assist residents with accepting responsibility for their behavior.
- To help residents develop empathy.
- To decrease the resident's deviant sexual interest.
- To prepare residents families to support the resident in successful reintegration into society.
- To increase residents understanding of daily living skills.
- To prepare residents to successfully use relapse prevention tools.
- To assist residents in meeting educational and vocational goals (minimum GPA requirements.)
- Obtain minimum behavior phases to progress through treatment modules and programming (Phases I through V.)
- YLS/LS CMI identifies risk factors as well to be treated through group and individual counseling.
- Aftercare planning (reintegration, life skills, academic, etc.)

**Facility Demographics:**

- Designed facility rated capacity: 20
- Average daily population: 18.
- Facility has been over population at any point over past twelve (12) months: No.
- Current population on the on-site audit date: 18.
- Resident age range: 14-20.
- Number of residents admitted to the facility over the past twelve (12) months: 13.
- Number of residents admitted to the facility over the past twelve (12) months who length of stay was for 72 hours or more: 10.
- Number of residents admitted to the facility over the past twelve (12) months who length of stay was for 10 days or more: 10.
- Population: all male residents.
- Custody/security level in the facility: Medium.
- Average length of stay: 166 days.
- Number of staff currently employed at the facility who have contact with residents: 43.
- Number of staff hired in the past twelve (12) months: 3.
- Number of volunteers who have contact with residents: 8.
- Number of contractors who have contact with residents: 2.
- Number of contracts in the past twelve (12) months who may have contact with residents: 2.
- Number of buildings: 4.
- Number of resident housing units: 1.
- Number of single resident cells, rooms, or other enclosures: 20.
- Number of open bay/dorm housing units: 0.
- Number of segregated or isolation rooms: 2.
- Facility has video monitoring systems and have made updates with in the past twelve (12) months.
- Medical and mental health services are provided on-site.
- SAFE medical exams are provided at the local hospital and rape crisis center

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

### Post-Onsite Audit Phase

To determine standard compliance, the auditor used a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, practice, interviewed staff, residents, and local and national advocates to make determinations for each standard and provision. The summary of corrective action is in the audit narrative section of each standard. There were approximately four (4) standards that require policy and procedural updates, additional supporting documentation, staff training, and demonstrate compliance.

After the onsite phase of the audit, the auditor and Director of PREA Compliance agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. All agency and facility administrators including the PREA Coordinator, facility Superintendent, facility PREA Compliance Manager indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies. It was very evident the State of West Virginia, Division of Corrections and Rehabilitation, Sam Perdue Juvenile Center have worked diligently to implement the PREA standards into daily operation. The Director of PREA Compliance and this auditor were in constant contact throughout all audit phases. Again, the auditors would like to thank all staff and employees of the West Virginia Department of Corrections for their professionalism, hospitality, and kindness.

**Audit Section of the Compliance Tool:** The auditor used the required PRC Online Auditor System Rape Elimination Act (PREA) Online Audit System, namely the Auditor Compliance Tool to review and analysis and documentation and information. Detailed information from the audit interviews were integrated into relevant sections of the standards. In order to ensure all standards were analyzed, the auditor proceeded standard by standard, determine compliance or non-compliance.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

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

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Policy and Supporting Documents Reviewed, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 4 and 5, section-I-A&B
- West Virginia Division of Corrections and Rehabilitation, Office of PREA Compliance Table of Organization dated January 2019
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

**Interviews:**

- Agency Head Designee – Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager

The policy, West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 4 and 5, section-I-A&B has zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment. Sexual activity between staff and offenders, volunteers or contract personnel and offenders, and offender and offender, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions up to and including dismissal and prosecution pursuant to West Virginia Code and DCR Policy and procedure. §61-8B-10. The DCR Director of PREA Compliance along with DCR PREA Coordinators and designated support staff shall make up the Office of PREA Compliance and will have sufficient time and authority to develop, implement, coordinate and oversee DCR efforts to comply with the PREA standards in all facilities. Each facility Superintendent within DCR shall designate a PREA Compliance Manager, who will be the second highest ranking person. Those currently serving as PREA Compliance Managers upon the effective date of this policy may remain in that position at the discretion of the Director of PREA Compliance. The agency provided an West Virginia Division of Corrections and Rehabilitation, Office of PREA Compliance Table of Organization dated January 2019, confirms the Director of PREA Compliance oversees the PREA Coordinator assigned to the Sam Perdue Juvenile Center.

The Sam Perdue Juvenile Center Superintendent indicated the facility’s PREA Compliance Manager. The position of PREA Compliance Manager reports directly to the facility Superintendent. Based on the agency’s PREA Policy and supporting documentation, the agency has a comprehensive approach to prevention, detection, responding and reporting and the procedures that meet the standard.

**Interview Results:**

- The Agency Level designee- Deputy Commissioner confirmed the appointment, qualifications, and continued efforts of the PREA Director of Compliance and the PREA Coordinator. The Director of PREA Compliance supervises two statewide PREA Coordinators who oversee PREA compliance at thirty-six (36) facilities; sixteen (16) prisons, ten (10) jails and ten (10) juvenile facilities.
- Interviews with the Director of PREA Compliance and PREA Coordinator were extremely knowledgeable and very educated on the PREA Standards. The PREA Coordinator is committed to implementing PREA with the agency and facility. She has experience and sufficient time to oversee the ten (10) juvenile facilities and authority to coordinate that agency's effort to comply with the PREA Standards.
- The Director of PREA Compliance with the assistance of the two PREA Coordinators facilitates monthly meetings with all thirty-six (36) PREA Compliance Managers to discuss facility compliance, any needs, problems, ideas, or suggestions for improvement. Monthly meetings are held via polycom teleconference call with the Director of PREA Compliance, PREA Coordinators, and facility PREA Compliance Managers to identify and discuss an issues with complying with the PREA standards, what action to take to work towards compliance.
- Interview with the facility Superintendent confirmed the PREA Compliance Manager as outlined on the facility organizational chart. The PREA Compliance Manager has been assigned the duties for over two years. He oversees the facility's efforts to comply with the PREA standards and indicated he has enough time to manage all PREA related responsibilities. When he identifies an issue, he informs and processes any issues with the facility Superintendent, Director of PREA Compliance, and PREA Coordinator. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- State of West Virginia Agency Master Agreement dated September 17, 2019 with Youth Services Systems Incorporated
- Contractual Agreement between West Virginia Division of Corrections and the County Commission of McDowell County
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

**Interviews:**

- Agency Head Designee – Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Contract Administrator

The West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 5, section C, requires any new contract or contract renewal for the confinement of offenders shall include an obligation to: 1. Comply with PREA Standards; 2. Comply with DCR policy; 3. Ensure that the contracted facility is complying with the PREA standards by monitoring the facility performance.

All DCR and contract service provider facilities with whom DCR contracts for the confinement of juveniles will be audited by a certified PREA auditor according to the PREA Audit schedule, and found compliant following the 180 day corrective action plan in order for DYS to be able to continue to utilize their services.

The Pre-Audit Questionnaire (PAQ) indicated that the agency has two (2) contracts for the confinement of residents that the agency entered with private entities or other government agencies on or after August 20, 2012. The PAQ stated that all the agency contracts for the confinement of youth contain the requirements that the contractor adopt and comply with all the DOJ PREA Standards and that they will allow the DCR to monitor compliance.

The two (2) contracts were provided for review and the contracts contained the requirements that the contractor adopt and comply with all Juvenile Facility PREA Standards established by the United States Department of Justice. The agency contracts include the language “self-monitoring requirements” and acknowledges that the Department will conduct announced or unannounced, compliance monitoring to include “on-site” monitoring.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- On or after August 20, 2012 or since the last PREA audit, whichever is later, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agencies:2.

- The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

**Interview Results:**

- The Agency level designee- Deputy Commissioner, Director of PREA Compliance, PREA Coordinator, and Contract Administrator confirmed the agency and facility does contract with other entities for the confinement of residents and the PREA language written into its contracts. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 5</li> <li>• West Virginia Division of Corrections and Rehabilitation, Patrols and Inspections Policy number 303.00 dated July 1, 2016, Page 5.</li> <li>• West Virginia Division of Corrections and Rehabilitation Memorandum from Director of PREA Compliance regarding Supervision and Monitoring: Staffing Plan Review</li> <li>• Facility Annual Staffing Review of the Sam Perdue Juvenile Center</li> <li>• West Virginia Division of Corrections and Rehabilitation, Sam Perdue Juvenile Center, Operational Procedure, Staffing Requirements</li> <li>• Facility Duty Post Orders</li> <li>• Weekly Duty Post Assignments by Shift Template and Samples</li> <li>• SPJC Camera System Email</li> <li>• Sam Perdue Juvenile Center Surveillance System Memorandum and email follow up</li> <li>• Unannounced rounds samples and shift logs dated January to December 2019</li> <li>• Logbook Review of Unannounced Rounds</li> <li>• Spreadsheet list of Unannounced Rounds for 2019</li> <li>• Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Building Schematics</li> <li>• SPJC Weekly Treatment Staff Schedule dated 2/1/2020</li> <li>• SPJC Weekly Security Schedule for week ending 2/14/2020</li> </ul> <p>The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 5, section 2A, Supervision and Monitoring states: A. DCR shall ensure that each of its facilities develops, documents and makes its best efforts to comply with the PREA staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: 1. Generally accepted detention and correctional practices; 2. Any judicial finding of inadequacy; 3. Any findings of inadequacy from federal investigative agencies; 4. Any findings of inadequacy from internal or external oversight bodies; 5. All components of the facility's physical plant (including blind spots or areas where staff or offenders may be isolated); 6. The composition of the offender population; 7. The number and placement of supervisory staff; 8. Facility programs occurring on various shifts; 9. Any applicable State or local laws, regulations or standards; 10. Any prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11. Any other relevant factors.</p>



B. In circumstances where the staffing plan is not complied with, the Facility PREA Compliance Manager or designee shall document the noncompliance, in writing, and justify all deviations from the plan. This documentation will be forwarded to the facility Superintendent, appropriate Assistant Commissioner and the Office of PREA Compliance. The Sam Perdue Juvenile Center and each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Staff that have received the appropriate training and are actively supervising or controlling a group of juvenile offenders shall be included in these ratios.

C. Whenever necessary, but no less frequently than once a year, the Facility PREA Compliance Manager from each facility, in consultation with the Office of PREA Compliance, shall assess, determine and document whether adjustments are needed to: 1. The PREA staffing plans; 2. Prevailing staffing patterns; 3. The facility's deployment of video monitoring systems and other monitoring technologies; 4. The resources the facility has available to commit to ensure adherence to the staffing plan.

D. In an effort to identify and deter staff sexual abuse and sexual harassment, the Facility Superintendent shall develop a procedure to ensure that unannounced rounds are completed periodically by the appropriate staff on all shifts. These rounds will be conducted in all areas of the facility, specifically in all offender living areas. Completion of unannounced rounds shall be documented. E. Any staff member found to be alerting other staff that these rounds are occurring will be subject to disciplinary action unless such announcement is related to the legitimate operational functions of the facility.

The West Virginia Division of Corrections and Rehabilitation, Patrols and Inspections Policy number 303.00 dated July 1, 2016, Page 5, Unannounced rounds: required the Facility Superintendent/Director and/or Department Heads shall conduct and document unannounced rounds in all resident living areas to help identify and deter staff sexual abuse and sexual harassment. 1. The unannounced rounds will cover all shifts and all areas of the facility. At least four unannounced rounds must be conducted every month at each facility, with two between the hours 5:00 p.m. and 11 p.m. and two between 12:30 a.m. and 5:00 a.m. Staff are prohibited from alerting other staff prior to such rounds. 2. During normal business hours supervisory staff will conduct unannounced rounds as part of their normal duties. 3. All such rounds must be documented via the shift log in OIS. The Director of PREA Compliance provided a spreadsheet outlining unannounced rounds for 2019. According to the Supervision and Monitoring: 2020 Staffing Plan Review, the facility has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. Staffing at the Sam Perdue Juvenile Center is predicated upon the designed facility capacity of twenty (20) beds. The facility is obligated to maintain staffing ratios of a minimum of 1:8 during resident wake hours and 1:16 during resident sleeping hours. The facility has taken into consideration the 11 criteria in subsection(a) to any prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the staffing plan.

The facility has documented its best efforts to protect youth from sexual abuse through a staffing pattern with ratios of staff to youth of 1:8 during waking hours and 1:12 in non-waking (sleeping) hours, through the use of video monitoring, positioning of staff to mitigate blind spots and through conducting of unannounced rounds. When staffing ratios cannot be maintained, staff may be held over or staff may be paid overtime. Any deviations from the staffing pattern are documented. The facility provided a sample of Shift Supervisors daily assignments rosters. In addition to the rosters, a sample of Supervisory Monitoring logs were also provided indicating random supervisory checks on the living units and buildings for both day and night shifts. The facility has documented unannounced rounds with a frequency of one time per week on the supervisor shift log. Unannounced rounds are conducted by higher level staff members.

In addition to the facility annual staffing plan review, the agency provided additional documents to support standard compliance. This includes the West Virginia Division of Corrections and Rehabilitation, Sam Perdue Juvenile Center, Operational Procedure on staffing requirements that maintains a mechanism that ensures that the staffing requirements for all categories of personnel on all shifts determined on an ongoing basis so that the residents have access to staff, programs, and services. The operational procedure outlines the expectations for staff coverage by shift, the number of staff needed for mandatory positions, collapsible posts, and staff scheduling, call-ins, and mandatory overtime. Facility Duty Post Orders describe the duties of shift supervisors, the officers in charge, and rovers, control post orders, general areas, watch tours, escorts, classroom, vocational class, PsiMed individual groups, transportation, showers, laundry, administrative segregation/room confinement, phone calls, cleaning, and visitation/search post orders. Weekly Duty Post Assignments by Shift list each post assignment for each shift including night shift.

Memorandum dated 9/6/19 by the PREA Compliance Manager to the Assistant Commissioner acknowledging deficiencies with the current surveillance system at the facility. The intent of the memo was to be informative and explain the need for an upgraded surveillance system and avoid potential liability for all parties. Some of the deficiencies noted were fuzzy or grainy cameras, lack of camera coverage in areas for monitoring staff accountability and areas the residents do not have access, and inadequate software storage. The PREA audit conducted in 2017 noted facility blind spots especially with being able to substantiate or unsubstantiated allegations. It is also noted the current system is antiquated and replacing it would more cost effective than continuing to service the current camera system. These issues were pointed out during a recent visit by Executive staff. The most recent camera list provided by the facility indicated two additional cameras were added from the last PREA audit conducted in 2017 and eight more from the 2015 PREA audit.

Since the previous audit 2 cameras were added and several have been adjusted for optimal coverage. The system is currently being worked on at this time and being considered for upgrades or possible replacement with newer hardware/software. Since the last audit in 2017, sixty-five (65) cameras Facility has 4 DVR's each for 16 cameras which total sixty-four (64) and one additional (65<sup>th</sup>) camera was added with Ethernet Card (the previous audit in 2017 reflected 63 cameras in the report up from fifty-seven (57) in the prior report in 2015). As of February 20, 2020, the facility has sixty-five (65) working cameras, four (4) cameras recently arrived at the facility, and six (6) additional cameras were ordered for installation. The agency/facility is contemplating their next step with upgrading the DVRs that are near storage capacity.

**Interviews:**

- Agency Head Designee – Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Intermediate or High-Level Facility Staff

Interview with the Facility Superintendent revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in 1. The staffing plan/schedule; 2. Prevailing staffing patterns; 3. The facility's deployment of video monitoring systems and other monitoring technologies; 4. The resources the agency/facility has available to commit to ensure adequate staffing levels.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- Since the last PREA audit, the average daily number of residents on which the staffing schedule was predicated was 20.
- Since the last PREA audit the average daily number of residents reported was 18.

**Interview Results**

Interviews and supporting documentation show the Deputy Commission, Director of PREA Compliance, PREA Coordinator, Facility Superintendent, and facility PREA Compliance Manager indicated that they are consulted regarding any assessment of, or adjustments to, the staffing plan.

Interviews with the PREA Coordinator, facility Superintendent, and PREA Compliance Manager indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring, they consider all components listed in the standard. Two (2) interviews with intermediate or higher-level facility staff indicated they perform unannounced rounds and document on the agency database system, Offender Information System. The PREA Compliance Manager indicated that he verifies rounds are being conducted by random reviews and noting them in the system. The Deputy Commissioner, PREA Coordinator 's interviews confirmed the process for conducting annual reviews. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.



115.315

**Limits to cross-gender viewing and searches**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 6
- West Virginia Division of Corrections and Rehabilitation, Gender Nonconforming Inmates and Residents Policy number 411.00 dated September 15, 2019, Page 3
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Limits to cross gender viewing and search memorandum dated 2/11/20 regarding Exigent Circumstances
- Memorandum from the Director of PREA Compliance regarding admissions of transgender residents
- 2019 PREA Pat Down Training Sign-In Sheets for employees and contractors
- 2019 PREA Contraband Search Training Lesson Plan
- PREA sign in sheets for Contractors-Primecare Education and PSI Med staff

**Interviews:**

- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Non-medical staff
- Random Staff
- Residents
- Transgender/Intersex Residents

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 6F states staff shall not conduct cross gender pat-down, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with current Policy. All exigent cross-gender searches will be documented via incident report. For a facility whose rated capacity does not exceed 50 offenders, the facility shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. If these searches occur, they shall be documented.

Section G. Offenders shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well. H. Staff shall announce their presence every time they enter an offender housing unit of the opposite gender to indicate that there will be someone of the opposite gender on the unit. I. Facilities shall not search or physically examine a transgender or intersex offender for the sole purpose of determining genital status. If unknown, staff should attempt to determine the genital status through conversations with the offender or by reviewing medical records. J. Staff shall be trained to conduct pat searches of trans gender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security.

A memorandum dated January 2, 2020 written by the facility Superintendent regarding limits to cross gender viewing and searches indicated The Sam Perdue Juvenile Center has not conducted any cross-gender strip searches, cross gender pat down searches or cross-gender visual body cavity searches within the past twelve months. The West Virginia Division of Corrections and Rehabilitation has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing them, except in exigent circumstances or when such viewing is incidental to routine cell checks. Security staff receive training related to appropriately conducting cross-gender pat-down searches, searches of transgender and intersex residents.

This training requires that such searches be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. DCR policy also requires staff of the opposite gender to announce their presence when entering a resident housing unit and when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. WV DCR policy prohibits searches or physical examinations of a transgender or intersex resident for the sole purpose of determining genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Review of the West Virginia Division of Corrections and Rehabilitation, Gender Nonconforming Inmates and Residents Policy number 411.00 dated September 15, 2019, Page 3, Accommodations for Transgender and Intersex Inmates/Residents section, A. Inmates/residents may request property items through the commissary or other allowable method from the desired gender's approved items as follows: 1. Clothing and shoes. 2. Undergarments, provided they are not visible to others and not worn in a manner that is disruptive or provocative. 3. Toiletries. 4. Other requests will be considered by the Superintendent/designee on a case by case basis, with facility safety and security issues being a determining factor. B. Transgender and intersex inmates/residents shall be given the opportunity to shower separately from other inmates/residents. C. Respectful communication should be adhered to in manner of address. 1. Facilities shall encourage staff to use gender-neutral forms of address (e.g. Inmate Smith, Resident Smith or Smith) for all inmates/residents. 2. Inmates/residents may use preferred titles of Ms., Miss, Mrs. or Mr. in correspondence, provided the legal first and last names and 01S number are correct. D. Facilities shall make all attempts to take into consideration inmate/resident preference when assigning staff members to perform strip searches. In exigent circumstances, cross gender searches may occur. E. Superintendents shall not restrict hair length or facial hair of any inmate/resident unless there is a demonstrated security or hygiene purpose.

Section 5, Transgender Committee, A. The Transgender Committee should include agency-level representatives from Security Services, Offender Services and PREA Compliance; directors from contractual medical and mental health providers; and facility representatives such as Superintendent, Chief of Security, PREA Compliance Manager, Health Services Administrator, Psychologist, and others as deemed appropriate. A representative from Legal Services may be included when legal advice is needed.

A memorandum dated February 3, 2020 submitted by the Director of PREA Compliance regarding limits to cross gender viewing and searches states each facility has been directed to notify my office when a resident identifies as transgender. Upon this designation the facility would be required to complete Attachment 17- Housing form for transgender/intersex offenders and Attachment 22-Transgender preference form from the Office of PREA Compliance manual. In accordance with DCR Policy 411.00 Gender Nonconforming Inmates/Residents, the transgender committee convened various times over the last twelve months. However, the Sam Perdue Juvenile Center was not part of the meeting discussion as there were no transgender residents housed at the facility during that time.

A review of the facility training records and interviews with random staff confirmed that training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and that cross-gender strip or cross-gender visual body cavity searches of inmates and residents are prohibited.

Seven (7) of the thirteen (13) random staff interviewed were not able to describe what an exigent circumstance would be and the procedures for securing authorization to conduct such a search, justifying and documenting those searches, and provide an example of a circumstance that would warrant a cross gender search. A memorandum dated February 11, 2020, from the Director of PREA Compliance to all PREA Compliance Managers including the Sam Perdue Juvenile Center requiring additional follow up training regarding limits to cross gender viewing and searches except in exigent circumstances. All facility staff completed the training and acknowledged understanding by signature.

All residents interviewed stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down searches in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Mostly all random staff interviewed, specifically those of the opposite gender- indicated that they announce themselves when entering a housing area. Documentation of opposite gender announcements are logged and documented on the designated form. During the tour it was observed female staff announce their presence when entering the male resident living unit. Facility staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them.

During the facility tour, the auditor observed that showers provide for privacy, most often using PREA curtains or closed doors. Youth are required to be dressed when entering and exiting the shower area. Male staff conducts showers and position themselves where they can observe the shower facilities but do not directly view anyone in the showers.

While on-site, there were no transgender or intersex residents housed at the facility. If the facility were to receive a transgender or intersex resident, the agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility will determine 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 PREA Coordinator, PREA Compliance Manager, and facility Superintendent confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was 0.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was 0.
- The number of pat-down searches of female residents that were conducted by male staff reported was 0.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was 0. In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of



determining the resident's genital status was 0.

- Percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

**Interview Results:**

- Thirteen (13) random staff interviewed either announce their presence or hear staff of the opposite gender announce their presence when entering a living unit. Ten (10) residents reported staff of the opposite gender announce their presence when entering the unit. Residents further stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing. Ten (10) residents interviewed have undergone a pat down or strip search conducted by same gender staff and conducted in a professional and respectful less intrusive manner.
- Female staff interviewed stated they have never searched a male youth and reported there are male staff on duty and if necessary, they would supervise them and limit movements until a male staff was available. Male staff interviewed confirmed they have never seen a female search a male resident. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 6 and 7
- State of West Virginia Agency Master Agreement dated 9/10/19 with Piedmont Global Language Solutions (PGLS) LLC for Translation Services
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sam Perdue Juvenile Center Resident Handbook, English and Spanish Versions
- PGLS Over the interpreting services card
- Attachment 21 PREA Orientation for Juvenile Residents, English and Spanish Version

**Interviews:**

- Agency Head Designee- Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Random Staff
- Random Residents
- Resident with disabilities or who are limited English proficient

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 6 and 7, sections K, L, and M requires facilities shall take reasonable steps to ensure all offenders with disabilities and those who are limited English proficient have meaningful access and equal opportunity to participate in or benefit from all aspects of the DCR's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall use the contracted translation services to facilitate communication with the offender.

Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no to low vision. Reading the information to the offender or communicating through an interpreter, will ensure that they understand the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats. Only staff members or qualified contractors will provide translation for offenders. The DCR shall not rely on offender interpreters, readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.

The Director of PREA Compliance provided a copy of the State of West Virginia Agency Master Agreement dated 9/10/19 with Piedmont Global Language Solutions (PGLS) LLC to provide Interpreter/Translator Services for over the telephone, document translation, for the Department of Corrections and Rehabilitation including Sam Perdue Juvenile Center. The contract requires that these services are available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. Additionally, it requires that interpreters possess the appropriate training and education in addition to required licenses and certifications.

There are postings throughout the detention center in English and Spanish. The staff training documentation, pamphlet, and DCR Handbook are in English and Spanish and contain information that provides appropriate explanations regarding PREA to residents based upon their individual needs. The facility does not rely 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 or the investigation of the resident's allegations.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations reported was zero (0). While on-site, the facility did not have any youth who were limited English proficient.

#### **Interview Results**

- Interviewed staff consistently stated that they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.
- During an interview with the resident with a cognitive disability, he reported that he was provided materials in a format that ensured effective communication and that he understood all material presented. Furthermore, staff took the necessary time to fully explain all PREA related material.
- During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing. Interview with the Director of PREA Compliance, PREA Coordinator, facility Superintendent, and PREA Compliance Manager indicated that if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance. The Intake Staff also indicated that services are required and that they would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.317 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion****Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 7
- PREA Standards Compliance Checklist
- West Virginia of Corrections and Rehabilitation, Bureau of Juvenile Services Background Check checklist
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Personnel Files of Staff who were hired or promoted in last twelve months for criminal background checks and past conduct
- Personnel Files of background checks of contractors, volunteers, and interns
- Personnel Files of Staff re: five-year background records checks

**Interviews:**

- PREA Coordinator
- Facility Compliance Manager
- Administrative Investigator

The policy review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 7, sections N, O, P, require all individuals who may have contact with offenders will be asked to disclose previous misconduct during interviews for hiring, promoting or as part of reviews of current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct. DCR shall not hire, promote or enlist the services of any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activity. The DCR shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with offenders. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

A background investigation will be completed before hiring or promoting employees, enlisting the services of contractors, interns or volunteers. The DCR shall conduct criminal background checks of all employees, volunteers, interns and contractors every five years. The agency is automatically notified by the West Virginia State Police when employees, volunteers, and contractors obtain any criminal offenses. The DCR shall also consult any child abuse registry maintained by the State as part of the background investigation. DCR shall also consult any child abuse registry maintained by the State or locality in which the employee would work with juveniles. Consistent with Federal, State, and local law, the DCR must make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Unless prohibited by law or policy, the DCR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer from whom the employee has applied to work.

The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, child abuse registry checks (West Virginia Department of Human Resources) and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The Director of PREA Compliance provided criminal background checks on the online auditor system of all employees, contractor, and volunteers.

After interviewing the Administrative Human Resource Manager on the questions related to 115.317, the auditor randomly selected twenty (20) employees, contractors, and volunteers' names with various hiring dates, those who were hired or promoted in last twelve months for criminal background checks and past conduct and the five-year background records checks requirement. Review of personnel files indicated all required documentation was present in the files.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks:
- In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 3.
- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 2.

**Interview Results:**

The interview with Agency Human Resource Director and Investigator confirmed a hiring process that performs a criminal record background check on newly hired employees and contractors. The agency performs criminal record background checks on employees and contractors at least every five (5) years. Contractors who have contact with residents have a system in place for otherwise capturing such information for current employees. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.318 Upgrades to facilities and technologies**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 7
- Memorandum dated 9/6/19 regarding the SPJC surveillance system
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Surveillance System Schematic and Diagrams
- Camera list update from 2017 PREA audit
- Video Surveillance System Description
- Copy of a purchase request for mirror

**Interviews:**

- Agency Head Designee – Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 7, section Q, states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DCR shall consider the effect of the design, acquisition, expansion, or modification upon the DCR's ability to protect offenders from sexual abuse. The PREA Compliance Manager will be responsible for consulting with the Office of PREA Compliance, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DCR shall consider how such technology may enhance the DCR's ability to protect offenders from sexual abuse. The facility has not been newly designed nor had a substantial expansion or modification since August 20, 2012.

Since the previous audit, two (2) cameras were added and several have been adjusted for optimal coverage. The system is currently being worked on at this time and being considered for upgrades or possible replacement with newer hardware/software. The facility has sixty-five (65) cameras and four (4) DVR's each for 16 cameras which totals sixty-four (64) and the 65<sup>th</sup> camera was added with Ethernet Card. The previous audit, the report reflected sixty-three (63) cameras in the report, up from fifty-seven (57) in the 2015 PREA audit report. As of February 20, 2020, the facility has sixty-five (65) working cameras, four (4) cameras recently arrived at the facility, and six (6) additional cameras were ordered for installation. The agency/facility is contemplating their next step with upgrading the DVRs that are near storage capacity.

**Interview Results:**

- Interviews with the agency level designee- Deputy Commissioner, Director of PREA Compliance, PREA Coordinator, and the Compliance Manager indicated that there was no major expansion since 2012 or since their last audit in 2017. If there were any major building expansions or upgrades to the video monitoring system, the Administrative team would be involved in the planning process. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.



**115.321**

**Evidence protocol and forensic medical examinations**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 16-20
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- West Virginia State Police: The ChildFirst Forensic Interview Protocol
- Memorandum of Understanding Agreement between West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services- Sam Perdue Juvenile Center and Child Protect of Mercer County, Inc. Child Advocacy Center
- Memorandum regarding 115.321 Evidence Protocol and Forensic Medical Evaluations
- Victim Advocate Receipt of PREA Training
- Special Investigator Receipt of PREA Training (Administrative Investigations)
- National Institute of Corrections Certificates of completion on Specialized PREA Training Investigating Sexual Abuse in a Confinement Setting
- Qualified Staff Credentials/Licenses
- Administrative Investigative Outcomes of Sexual Abuse and Harassment Forms
- Attachment #4 DCR Coordinated Response Plan
- PREA Checklist and Incident Review Question Sheet
- Clinical Report on residents who disclosed prior sexual abuse at screening reported sexual abuse

**Interviews:**

- Administrative Investigators
- Director of PREA Compliance
- Agency PREA Coordinator
- Facility Compliance Manager
- Facility Superintendent
- Medical Staff
- Random Residents
- Residents who reported sexual abuse
- Random Staff
- Director of Strategic Initiatives, West Virginia Child Advocacy Network
- Executive Director, Mercer County Child Protect Center

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 16-20, contains the elements of the standard. Section 8: Investigation F. Administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The protocol is 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. The auditor received a memorandum of understanding between the facility and the West Virginia State Police, specifically the ChildFirst Forensic Interview Protocol.

The facility uses the list of local hospitals that employ a SANE (Sexual Assault Nurse Examiner), to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam, must be documented. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Section I states: As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The DCR shall attempt to make available to the victim a victim advocate from rape crisis centers. If requested by the victim, a victim advocate, qualified DCR staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the DCR itself is not responsible for investigating allegations of sexual abuse, the DCR shall request that the investigating agency follow the requirements within policy.

The facility has a Memorandum of Understanding Agreement between West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services- Sam Perdue Juvenile Center and Child Protect of Mercer County, Inc. Child Advocacy Center. A credential forensic examiner or a sexual assault nurse examiner (SANE) is made available. The sexual abuse forensic examinations (SAFE) are conducted at Princeton Community Hospital or Bluefield Regional Hospital. Child Protect of Mercer County, Inc. Child Advocacy Center makes available to the victim a victim advocate from rape crisis centers and the facility can provide a qualified DCR staff member, or qualified community-based organization staff member can accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. There are three (3) mental health staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member.

A Memorandum dated January 2, 2020, by the facility Superintendent regarding 115.321 Evidence Protocol and Forensic Medical Evaluations noted in the last twelve months the Sam Perdue Juvenile Center has not had any occurrences of any resident in custody needing a forensic medical examination as it relates to PREA. There were two residents who made a report of incidents that happened prior to custody and DID NOT occur within a facility and those incidents were investigated per our MOA with Child Protect of Mercer County West Virginia which did lead to forensic examination's several months after the incident's occurred. Both incidents happened prior to custody and outside the confines of a penal facility. The WVDCR has established procedures in the instance such an occurrence would happen within a BJS facility or any other facility. Once an incident is reported it is handled appropriately whether it be in the community or within a facility; however, no such occurrences have been reported within the past 12 months as it relates to this standard.

During the on-site visit phase, as a proactive measure regarding evidence protocol the auditor suggested the facility may provide medical staff with a PREA response kit supplied with medical supplies such as non-latex gloves, paper evidence bags, collection cups, caution tape, and paper jumpsuits to preserve evidence in cases of sexual abuse. The agency and facility staff took this suggestion under advisement and decided to use a portion of their PREA grant funding to purchase supplies and have at all statewide juvenile facilities. The agency has contacted several vendors to order and purchase the necessary medical supplies. The expected turn around time for this project is approximately one month to complete and once they are received delivery will shortly thereafter.

Section 8: Investigations E. states when an outside agency investigates sexual abuse (West Virginia State Police), the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress. The West Virginia State Police is the law enforcement agency with primary jurisdictional authority to investigate crimes that take place at the facility.

According to a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted and performed by a SANEs/SAFE examiner during the past 12 months reported were 2. Two youth reported sexual abuse in the community prior to facility admission. There were zero forensic medical exams conducted and reported to have occurred in the facility.
- The number of exams performed by a qualified medical practitioner during the past 12 months that occurred at the facility as reported was zero.

**Interview Results:**

Interviewed staff, including the Director of PREA Compliance, PREA Coordinator and facility Superintendent, were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would “make sure the resident victim was stable,” preserve the evidence and, if the mental health staff are on site, call on the mental health staff to conduct an assessment. For victims of sexual assault, interviewed staff including medical nurse and mental health staff indicated that the facility offers all victims access to forensic medical examinations without financial cost. They also indicated that SANE/SAFE are provided by the local hospital. Furthermore, the facility can provide mental health counselors’ accompaniment and support to the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

The Executive Director indicated they provide their services to residents free and in a confidential manner. She further stated the center has had a long working relationship with the Department of Corrections, the Sam Perdue Juvenile Center of the Memorandum of Understanding Agreement between West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services- Sam Perdue Juvenile Center and Child Protect of Mercer County, Inc. Child Advocacy Center.

Most random staff interviews indicated knowledge with evidence protocol to preserve evidence until local law enforcement officers arrived at the facility. Six (6) out of ten (10) residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Facility records indicated the two residents who disclosed prior sexual victimization in the community received the appropriate medical and mental health services. The resident who reported sexual abuse indicated he was seen by medical and mental health staff and offered services. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.322

**Policies to ensure referrals of allegations for investigations**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 16, 20
- West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, Page 13
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- West Virginia State Police: The ChildFirst Forensic Interview Protocol
- Memorandum of Agreement between West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services- Sam Perdue Juvenile Center and Child Protect of Mercer County, Inc. Child Advocacy Center
- Memorandum regarding 115.321 Evidence Protocol and Forensic Medical Evaluations
- Victim Advocate Receipt of PREA Training
- Special Investigator Receipt of PREA Training (Administrative Investigations)
- National Institute of Corrections Certificates of completion on Specialized PREA Training Investigating Sexual Abuse in a Confinement Setting
- Qualified Staff Credentials/Licenses
- Administrative Investigative Outcomes of Sexual Abuse and Harassment Forms
- PREA Checklist and Incident Review Question Sheet

**Interviews:**

- Agency Head Designee – Deputy Commissioner
- Director of PREA Compliance
- Investigative Staff
- PREA Coordinator
- Random Staff

The review West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 16-20, section 8: Investigations A: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment #6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations. Failure to cooperate with the investigation, such as withholding known information, withholding evidence or giving false statements will result in disciplinary action. E. When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress.

West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, page 3, Procedures: #3. Investigative Priorities; Initiating or Assigning Investigations. A. Investigative priorities are: investigating acts of physical violence; eliminating the supply of dangerous contraband, such as, but not limited to illegal substances, weapons and other articles described in West Virginia Code§ 61-5-8; and preventing or responding to escapes, riots, hostage takings and other serious disturbances. Investigators will follow the evidence wherever it takes them and shall be aware of the time constraints involved in each situation. B. Prison Rape Elimination Act (PREA) Investigations: PREA complaints will be assessed and referred, as may be determined appropriate, for investigation as follows: 1. All PREA complaints received will be reviewed by the agency PREA Coordinator. If the agency PREA Coordinator determines that the complaint requires investigation, the matter will be referred by the agency PREA Coordinator to the Deputy Director of the DMAPS Investigations Unit; 2. The Deputy Director of the DMAPS Investigations Unit shall then assign the complaint to an Investigator, an investigation shall be conducted; 3. The Investigator shall submit their PREA investigative report to the Deputy Director of the DMAPS Investigations Unit, who shall forward a copy to the agency PREA Coordinator. The agency PREA Coordinator shall then be responsible to forward the report to the appropriate senior leader(s) in their agency chain of command.

West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, page 3, Procedures: #4. Notification of State Police - Matters Requiring Criminal Investigation Assistance, a. It is policy of the DMAPS Office of Correctional Operations, that the State Police is the law enforcement agency of primary jurisdiction whenever outside assistance is required with any criminal investigation; b. Whenever an initiating authority, as described in Section 3 of this policy, 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; c. All sexual assault and sexual abuse allegations will be reported immediately and in compliance with National Prison Rape Elimination Act (PREA) Standards, 28CFR Part 115, 2012 and related agency PREA policies, d. The person making the notification shall record the date, time, and name/rank of the law enforcement officer or civilian employee receiving the notification.

To that extent, the West Virginia State Police provides services on a twenty-four (24) basis and holds the responsibility for investigating sexual abuse by employing qualified staff screened for appropriateness to serve in that role and who have received training concerning sexual assault and forensic exam issues. Referrals made by DCR for criminal investigations are documented when referred to the West Virginia State Police. Allegations are referred to the Administrative Investigators that are assigned at the facility level. The facility provided staff certificates of training from the twenty-nine (29) administrators completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and administrative investigations is published on the agency website.

Per a review of the Pre-Audit Questionnaire, documentation, and confirmation by staff interviews the following has been recorded:

- The number of allegations of sexual abuse and sexual harassment received during the past 12 months were eleven (11). The breakdown of sexual abuse and sexual harassments allegations were as follows: Seven (7) allegations identified as Resident on Resident Sexual Harassment with an outcome of three (3) substantiated, four (4) unsubstantiated, and zero (0) unfounded. Two (2) Resident on Resident Sexual Abusive Contact allegations with an outcome of one (1) substantiated, one (1) unsubstantiated, and zero (0) unfounded. One (1) allegation of Staff on Resident Sexual Harassment with an outcome of unsubstantiated and one (1) allegation of Resident on Resident sexual abusive contact determined through investigation as a consensual act.
- The number of allegations resulting in an administrative investigation during the past 12 months was eight (8).
- The number of allegations referred for criminal investigation during the past 12 months was zero (0). Of the eight (8) allegations, there were none reported to the criminal level.

**Interview Results:**

All random staff interviews reflected and confirmed their knowledge on the reporting process, referral process, and policys' requirements; the staff were to report all allegations to their immediate supervisor and an internal and criminal investigation would occur. Specialized staff, based on job duties and responsibilities, knew the agency's procedure that details when and by whom administrative and criminal investigations are conducted in response to an allegation of sexual abuse and sexual harassment. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.331 Employee training**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 4
- Sexual Abuse and Harassment Handout 1 Definitions, Red Flags, and Daily Dozen
- PREA Staff Training Lesson Plan
- PREA Handout Answer Key
- PREA Staff Training Handout
- West Virginia Division of Corrections and Rehabilitation Lesson Plan outlining 1-11
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Pamphlet 115.331 What Staff Should Know about Sexual Misconduct with Juveniles
- National Institute of Corrections (NIC) Training Certificates for on-line course, Communicating effectively and professionally with LGBTI offenders
- Revised PREA Staff Training Lesson Plan on 2/5/20 on the topic of the dynamics of sexual abuse in confinement setting

**Interviews:**

- PREA Coordinator
- PREA Compliance Manager
- Facility Superintendent
- Random and Specialized Staff



The review of West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 4, section 3 Staff Training states, A. All employees, contractors, volunteers and interns will receive training regarding DCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire. B. At a minimum, the training shall include the following information: 1. Sexual contact with an offender is prohibited, 2. Offender's right to report if sexual contact occurs, 3. The zero-tolerance policy against sexual abuse and sexual harassment within the DCR, 4. How staff are to fulfill their responsibilities under the Division's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy, 5. Offenders' right to be free from sexual abuse and sexual harassment, 6. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment, 7. The dynamics of sexual abuse and sexual harassment in confinement, 8. The common reactions of sexual abuse and sexual harassment victims, 9. How to detect and respond to signs of threatened and actual sexual abuse, 10. How to avoid inappropriate relationships with offenders, 11. How to communicate effectively and professionally with offenders, including LGBTI or gender nonconforming offenders, 12. How to comply with relevant laws of West Virginia related to mandatory reporting of sexual abuse to outside authorities, 13. Sexual Misconduct in Confinement Facilities.

C. Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance. D. Staff training shall be appropriate to the gender of the offenders within the facility. E. The DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR's current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with offenders have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The PREA staff training material is adopted from the Employee Training curriculum developed by The Moss Group located on the PREA Resource Center's website. Staff are trained in the areas of PREA related definitions, red flags, daily dozen, and complete the National Institute of Corrections (NIC) Training on-line course, communicating effectively and professionally with LGBTI offenders which the facility provided certificates of completion.

After initial review of the training material, the topic on dynamics of sexual abuse was not present in the lesson plans. After the on-site visit, on 2/5/20 the training lesson plan was revised to include the topic of dynamics of sexual abuse in confinement. The training material is tailored to this facility and the gender of their resident populations. The facility also trains employees on state and local laws imposing criminal liability for the sexual abuse of a person held in custody and the locations, situations, and circumstances in which sexual abuse may occur in a confinement setting.

The staff training documentation includes training material and detention staff interviews confirmed that staff receives PREA training during initial pre-service training and during refresher in-service training. All employees are trained as new hires regardless of their previous experience. All new employees receive the DCR policies and procedures on prevention strategies to maintain a professional atmosphere and sign the PREA Acknowledge of Understanding Form sheet indicating they received the training and understand their responsibilities for all the different training modules upon completion of the initial PREA training. On a yearly basis and depending on the need-- based on the outcomes and recommendations of sexual abuse allegations employees are required to attend a PREA Refresher training and sign a training sheet indicating they received the training and understand the training they received. For 2019 and 2020, all staff have received the required training.

Randomly selected staff were knowledgeable of the PREA guidelines on how staff and residents can privately report sexual abuse and harassment, and how to fulfil their role in preventing, detecting, and reporting sexual abuse. Most random staff interviewed struggled on the topics of dynamics of sexual abuse and harassment. During staff interviews, the auditor even had to probe staff in order to get somewhat of a response, or they did not know the answer to the question. After the on-site visit, on 2/5/20 the training lesson plan was revised to include the topic of dynamics of sexual abuse in confinement. The updated training lesson plan was forwarded to the auditor. On February 14, 2020, the facility Superintendent indicated by memorandum that all staff completed the remedial training and signed the training acknowledgement of understanding form. The information was reviewed by this auditor and the facility is in full compliance of the standards.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were trained on the PREA requirements reported were 43, which matches the training records.
- A sample of the 2018 Employee Receipt of PREA Training Sign-In Sheets was provided, acknowledging by their signatures that they understand the identified areas listed on the form.

#### **Interview Results:**

- Twelve (12) out of twelve (12) random staff interviewed consistently stated that they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated that they receive the training at the time of hire and as an annual refresher training.
- Thirteen (13) out of fourteen (14) random staff had difficulty knowing the dynamics of sexual abuse and sexual harassment in a confinement setting. They either did not know the answer or needed prompted with the answer. All staff completed the remedial training and signed the training acknowledgement of understanding form. The

information was reviewed by this auditor and the facility is in full compliance of the standards.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>● West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page</li> <li>● Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>● Prison Rape Elimination Act Acknowledgement for Volunteers, Contractors, and Mentors</li> <li>● Ten (10) Volunteers and Contractors PREA Acknowledgement Certificate of Understanding for PREA Policy, Background Check, Protective Services Record Check Packet Sign Off Sheets</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● PREA Coordinator</li> <li>● Facility Superintendent</li> <li>● Facility Compliance Manager</li> <li>● Volunteers and Contractors</li> </ul> <p>The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 8, section 3C states that each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance.</p> <p>Section 3E states the DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR's current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with offenders have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p>

Volunteer and Contractor Training includes review and acknowledgment of the agency's PREA policy and procedures, review and sign the Prison Rape Elimination Act acknowledgement form for Volunteers, Contractors, and Mentors. The acknowledgement form outlines responsibilities with safety and security concerns, reporting sexual abuse, and the ways and contact numbers to report to staff should a resident disclose sexual abuse or harassment. The acknowledgment of receipt acknowledges volunteers, contractors, and mentors received and understood the PREA training. Volunteer and contractor HR files were reviewed verifying the agency completed the criminal background check and child protective services check which resulted in compliance.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of volunteers who may have contact with residents, who were trained on the PREA requirements reported were six (6) which matches the training records receipt.
- In the past 12 months, the number of contractors who may have contact with residents, who were trained on the PREA requirements reported were six (6) which matches the training records receipt.

**Interview Results:**

- Interviews with two (2) volunteers, and four (4) contractors confirmed their knowledge of the required PREA training and the Agency's zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment. The auditor was impressed by the facility contracted staff namely the teachers, hair barbers, and religious volunteers with their dedication and commitment to helping the residents at Sam Perdue Juvenile Center. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

**115.333 Resident education**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 6, 10
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sam Perdue Juvenile Center Resident Handbook, RESPECT-Reduction, Education, Safety, Planning, Elimination, Compliance, and Treatment Material, English and Spanish Versions
- It's My Move Resident Worksheet
- Resident PREA Training Check Sheet
- West Virginia Division of Juvenile Services Resident Rights
- West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services, Resident PREA Education Certificate of Understanding Form
- PREA Compliance Manual, PREA Orientation for Juvenile Offenders, Juvenile Orientation Acknowledgment Form, English and Spanish Versions
- Intake Checklist
- SPJC Daily Population Report indicating PREA Resident Education
- Resident Education Posters
- PGLS Over the interpreting services card
- Attachment 21 PREA Orientation for Juvenile Residents, English and Spanish Versions
- No means No, Zero Tolerance Pamphlet, English and Spanish Versions

**Interviews:**

- PREA Coordinator
- Facility Compliance Manager
- Facility Superintendent
- Staff who Perform Screening
- Intake Staff
- Random Residents

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 9 and 10, section 4, Offender Education A. During the intake process, offenders shall receive educational information explaining, in an age appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to offenders individually or in groups. At a minimum, the offender shall receive: 1. Information regarding the agencies reporting procedures. 2. Information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. 3. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between offenders and these organization. 4. The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be placed in the offender's record. 5. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

The policy further states: 6. Within thirty (30) days of intake, offenders shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Offenders should sign an acknowledgement of receiving training. If the acknowledgement is electronically signed, it shall be printed and placed in the offender's record. 7. It is mandatory that offenders attend PREA training. Offenders refusing, without good cause, shall be disciplined. The Facility PREA Compliance Manager or designee can make accommodations for offenders who have been previously sexually abused or who may have other good cause to find the training too difficult in a group setting.

Section 4B states when a new offender is received from another DCR facility, staff shall check the offender's Institutional Record for documentation that he or she has previously completed all PREA training. The offender shall be provided a handbook, if needed, and will be given PREA training to the extent that the procedures of the offender's new facility differ from those of the previous facility. If documentation is not found or if they leave custody and return, they shall be provided the required PREA training.

The agency/facility enter by scan all resident education material onto the Offender Information System (OIS) When on-site, a total of seventeen (17) resident paper files were reviewed for compliance. After initial review, there were a few minor discrepancies completing the required education material based on time frames established in policy and practice. Some files were disorganized resulting in the inability to verify documentation dates. To the facilities credit, the disheveled files were not the original ten (10) selected prior to the tour. After the on-site, the facility PREA Compliance Manager organized the resident folders and confirmed documentation was completed accurately and completely. The forms located in resident files and on the OIS are the Orientation/Assessment, Resident Education and Certificate of Understanding, Consent to Disclose Abuse, Resident Rights and Handbook. Based on additional information and further clarification, the facility completed the requirements based on policy and standards.

The facility ensures that the key information about PREA is continuously and readily available or visible through posters, the resident handbook, and PREA Pamphlets. Resident interviews confirmed that the facility provides education material in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents admitted during past 12 months who were given this information at intake and received age appropriate education reported was nine (9).
- The number of residents admitted during past 12 months who received comprehensive age appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake were nine (9).

#### **Interview Results:**

- The Intake staff indicated that during orientation residents, to include transfers from other facilities, are educated on the zero tolerance policy, their right to be free from sexual abuse, harassment, and retaliation, and multiple ways (both inside and outside reporting sources), to report any incidents or suspicion of sexual abuse or sexual harassment. This information is given during the intake process, on the date of admission and within twenty-four (24) hours. The Intake staff distributes the required paperwork and have residents sign and acknowledge a receipt informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to reach outside counseling services and to make reports outside of the agency.
- Ten (10) residents interviewed stated that when they first came to this facility, they received information regarding facility rules against sexual abuse and harassment. Residents were interviewed using the following statement: "When you came to this facility, were you told about..." Your right to not be sexually abused or sexually harassed-- all interviewed residents answered yes. How to report sexual abuse or sexual harassment—all interviewed residents answered yes. Your right not to be punished for reporting sexual abuse or sexual harassment-- all interviewed residents answered yes.



- Six (6) out of ten (10) residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Residents interviewed knew what kinds of services were available, received mailing addresses, and understood what information remains private and what is told to or listened to by someone else. The auditor was very impressed on the resident's overall knowledge on all topics related to resident. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

**115.334 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion****Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 8 and 9
- West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, Page 16 Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- National Institute of Corrections Certificates of completion on Specialized PREA Training Investigating Sexual Abuse in a Confinement Setting
- Sexual Abuse and Harassment Handout 1 Definitions, Red Flags, and Daily Dozen
- PREA Staff Training Lesson Plan
- PREA Handout Answer Key
- PREA Staff Training Handout
- West Virginia Division of Corrections and Rehabilitation Lesson Plan outlining 1-11
- PREA Pamphlet 115.331 What Staff Should Know about Sexual Misconduct with Juveniles

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- Director of PREA Compliance
- Administrative Investigators
- PREA Coordinator
- Facility Compliance Manager
- Facility Superintendent

The initial review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 8 and 9, section 3F, states that in addition to the general training provided to all employees pursuant to § 115 .331, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigations Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance.

This specialized training will include but is not limited to: 1. Interviewing sexual abuse victims, 2. Proper use of Miranda warnings and the Garrity rule, 3. Sexual abuse evidence collection in confinement settings, 4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

The agency provided staff certificates of training from the twenty-nine (29) administrators completed the National Institute of Corrections (NIC) PREA; Investigating Sexual Abuse in a Confinement Setting Specialized Training. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and administrative investigations is published on the agency website.

West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, Page 16 Procedure Section, Investigations, #4. Notification of State Police - Matters Requiring Criminal Investigation Assistance. a. It is policy of the DMAPS Office of Correctional Operations, that the State Police is the law enforcement agency of primary jurisdiction whenever outside assistance is required with any criminal investigation. b. Whenever an initiating authority, as described in Section 3 of this policy, believes that there is enough, 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. c. All sexual assault and sexual abuse allegations will be reported immediately and in compliance with National Prison Rape Elimination Act (PREA) Standards, 28CFR Part 115, 2012 and related agency PREA policies. d. The person making the notification shall record the date, time, and name/rank of the law enforcement officer or civilian employee receiving the notification.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of investigators currently employed who have completed the required training were twenty-nine (29).

**Interview Results:**

- Interviews with Administrative Investigators indicated that they qualified and knowledgeable of agency policy and the investigatory process. They also confirmed that he received the required training for Investigator. The Agency Level Designee- Deputy Commissioner, PREA Coordinator, and facility Superintendent and Compliance Manager confirmed the duties and responsibilities for the facility and agency level Investigative Staff have received all required training. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

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

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 9
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- National Institute of Corrections Certificates of completion on Specialized PREA Training Medical Health Care and Mental Health Care for Sexual Assault Victims in a Confinement Setting
- Sexual Abuse and Harassment Handout 1 Definitions, Red Flags, and Daily Dozen
- PREA Staff Training Lesson Plan
- PREA Handout Answer Key
- PREA Staff Training Handout
- West Virginia Division of Corrections and Rehabilitation Lesson Plan outlining 1-11
- PREA Pamphlet 115.331 What Staff Should Know about Sexual Misconduct with Juveniles

**Interviews:**

- Medical Nurse
- Mental Health Staff

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 9G states in addition to the general training provided by the facility during Orientation, all full- and part-time medical and mental health staff shall receive additional specialized training regarding victims of sexual abuse and sexual harassment. This training will be coordinated and completed by a qualified source. All medical staff must receive this training during orientation, but no later than one (1) month of the effective date of hire. Contracted medical staff employed by the DCR will not conduct forensic examinations This specialized training will include, but is not limited to: 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility maintains documentation that medical and mental health practitioners have received the required training by providing certificates from the National Institute of Corrections (NIC) PREA: Behavioral Health and Medical Care for Sexual Assault in a Confinement Setting. Furthermore, policy requires appropriate licensure, state and federal certifications or registration requirements and restrictions apply to personnel who provide health care services to students in the DCR system.

The medical staff at Sam Perdue Juvenile Center do not conduct forensic examinations. Forensic exams are completed by ChildProtect Inc. of Mercer County which provides twenty-four (24) hour crisis intervention services for victims of sexual assault. The Executive Director at ChildProtect verified the contract between DCR and that Sexual Assault Nurse Examiners (SAFE) have received extensive training that follows the Forensic Nurse Guidelines. Training records for staff training for 115.331 and specialized training were verified by the auditor while conducting the on-site phase.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number and percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy were seven (7) staff and completion percentage was 100%.

**Interview Results:**

- Interviews with Medical and Mental Health Staff confirmed their understanding of the requirement to complete requirements in 115.331 and the NIC specialized training, verified completing the course and participating in the annual basic PREA training. The medical and mental health staff reported that their PREA related training is more in depth, covering treatment plans, follow up services, and counseling. They were also trained on why a resident should not take a shower and the necessity to preserve evidence. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

**115.341 Obtaining information from residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 10-13
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Offender Information System (OIS) database
- Samples of Screening Instruments
- MAYSI-2 Questionnaire
- Intake Checklist

**Interviews:**

- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Intake Staff
- Staff that perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random and Targeted Residents

The initial review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 10-13, section 10A, Screening for Risk of Sexual Victimization and Abusiveness states all offenders shall be assessed individually and in a private setting during intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders prior to housing in general population.

Section B states the screening will occur: 1. Within 72 hours of intake and periodically throughout a resident's confinement, 2. Upon transfer to a new facility, 3. After an incident of sexual abuse, 4. Or when warranted due to a referral, request, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. C. This shall be accomplished by using an objective PREA Screening Instrument to gather the following information: 1. Known or perceived gender nonconforming appearance or identifies as lesbian, 2. Whether the offender has a mental, physical, or developmental disability; 3. Offender's age and physical build. 4. Current charge, offense history and whether the offender has been previously incarcerated for convictions for sex offenses against an adult or child or a history of acts of sexual abuse; 5. Whether the offender's criminal history is exclusively non-violent; 6. Whether the offender has previously experienced sexual victimization; 7. The offender's own perceptions of her or his vulnerability 8. Any specific information about individual offenders that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other offenders. 9. Whether the offender is detained solely for civil immigration purposes. 10. Level of emotional and cognitive development.

D. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the DCR, in assessing offenders for risk of being sexually abusive. E. This information shall be ascertained through: 1. Conversations with the offenders during the intake process 2. Medical and mental health screenings; 3. During classification assessments; 4. By reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's files.

F. Facility staff and contractors involved in the assessment process will not disseminate responses to the screening questions or other sensitive information which may be exploited to the offender's detriment by staff or other offenders. Offenders determined to be at risk for sexual victimization if assigned to general population will be identified. This information will be documented in the offender's file, and in the appropriate database. Offenders may not be disciplined for refusing to answer or for not disclosing complete information. If an offender refuses to disclose the information requested, housing placement should be based on a review of the offender's records. G. The Superintendent shall designate specific staff to complete PREA reassessments. PREA reassessment shall be completed within a set time period, not exceed 30 days from the offender's arrival at the facility. The facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The agency Screening for Risk and Assessment Form - an objective screening instrument- is administered to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly from the results of the screening assessment.

The Intake and mental health staff are required to conduct this interview at intake to ascertain information about a juvenile's personal history and behavior to reduce the risk of Sexual Abuse by or upon a juvenile. The facility uses Screening for Risk and Assessment Form to determine a resident's risk to vulnerability and/or aggressiveness. The reviewed instrument addresses all requirements of this standard. The instrument's appearance was recently updated but still covers all requirements of this standard. The facility's policies limit staff access to this information on a "need to know" basis.

DCR ensures that appropriate controls on the dissemination of information obtained through the classification process are in place and that the information is handled with the highest level of confidentiality and is not exploited to the resident's detriment by staff or other residents. This information is contained in resident folders, which are stored in the office and locked and are thus located in a secure area not accessible by other residents and staff.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 10.

#### **Interview Results:**

- With regards to youth screening questions (115.341), ten (10) residents were asked “when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse all residents. One (1) resident could not remember if he was asked since it was a long time ago. The auditor asked if staff ever asked the screening questions again and, nine (9) out of ten (10) residents indicated they have been asked the question more than one time. The one (1) resident who stated “no” they have not been asked the question more than one time, a file review was completed, and records indicated the residents were asked the question on more than one occasion. One (1) resident was interviewed who reported sexual abuse; and remembered receiving a risk re-assessment. Resident file records indicated the residents were re-assessed for risk of vulnerability and aggressiveness based on reporting sexual abuse.
- During the on-site visit, the auditor interviewed Intake Staff and asked if staff could walk him through the intake process. The Intake staff detailed the intake process by explaining the process when a resident is admitted to the facility. Intake staff provided documentation such as the resident handbook, orientation/assessment, Resident Education Certificate of Understanding, Consent to Disclose Abuse, Resident Rights. In addition to the procedure for residents who report incidents of sexual abuse, and the rights to be free from sexual abuse and free from retaliation. The Intake staff further stated that all residents who enter the facility receive the information and are made aware of their rights within seventy-two hours of admission. Record sample indicated intake requirements were met within the twenty-four-hour time frame.
- Staff who performed the Screening for Risk of Victimization and Abusiveness assessment stated that residents admitted to the facility are screened for risk of victimization and abusiveness and expressed knowledge on what the initial risk screening considers and the process for conducting the initial screening. The staff articulated the rationale with obtaining certain information about any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender and intersex, and whether the resident may therefore be vulnerable to sexual abuse. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.



115.342

**Placement of residents**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 11, 23, 24
- West Virginia Division of Corrections and Rehabilitation, Gender Nonconforming Inmates and Residents Policy number 411.00 dated September 15, 2019, Pages 2, 12
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Offender Information System (OIS) database
- Samples of Resident Screening Instruments
- MAYSI-2 Questionnaire
- Intake Checklist

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Staff who Supervise residents in Isolation
- Screening Staff
- Intake Staff
- Random Residents
- Transgender/Intersex Residents
- Residents in Isolation

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 11 and 12, section 10A, Screening for Risk of Sexual Victimization and Abusiveness states the PREA screening assessment information shall be used to make decisions regarding, housing, bed, work, education, and program assignments. The goal of the DCR is to keep offenders that are at high risk for being sexually victimized from those at high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender. J. The DCR shall not consider Lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility shall consider the offender's health and safety when determining placement. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the OCR shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

K. All staff, volunteers, and contractors will communicate with, treat, and talk about any offender who is LGBTI, or perceived to be LGBTI, in a professional and respectful manner. Placement and programming assignments for each transgender or intersex offender shall be reassessed twice a year. Staff will take into consideration the facility population, staffing patterns, physical layouts and legal requirements. LGBTI offenders will not be placed in dedicated facilities or units solely based on such identification or status. A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

Juvenile offenders may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other offenders safe, and then only until an alternative means of keeping all resident's safe can be arranged. During any period of isolation, agencies shall not deny any offenders daily large muscle exercise and any legally required educational programming or special education services. All offenders in isolation shall receive daily visits from a medical or mental health care clinician. Offenders shall also have access to other programs and work opportunities to the extent possible. Every 30 days, the facility shall afford each juvenile offender a review to determine whether there is a continuing need for separation from the general population. If a juvenile offender is isolated for these reasons, the facility shall clearly document the basis for the facility's concern for the offenders' safety and the reason why no alternative means of separation can be arranged.

West Virginia Division of Corrections and Rehabilitation, Gender Nonconforming Inmates and Residents Policy number 411.00 dated September 15, 2019, page 2, section 1, Facility and Housing Assignments of Transgender and Intersex states A. Facility and housing assignments shall be made on a case-by case basis, considering the inmate/resident's health and safety as well as potential programming, management and security concerns. An inmate/resident's own views regarding safety shall be given careful consideration. B. Facility and housing assignments shall be reassessed at a minimum of every six months to review any threats to safety experienced by the resident. C. Placement may occur at any DCR facility, in general population, and in most cases a single cell is not necessary.

A memorandum written by the facility Superintendent regarding placement of residents in housing, bed, program, education, and work assignments, the Sam Perdue Juvenile Center uses all information obtained pursuant to § 115.341 and subsequently uses the information to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. In the last twelve months, the Sam Perdue Juvenile Center has not isolated any residents who were at risk of sexual victimization from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.

- In the past 12 months, the average period residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

**Interview Results:**

- The interviews with the PREA Coordinator, Compliance Manager, Intake Staff, and staff performing risk screening indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on identification status for protecting such residents. Interviewed specialized staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment.
- Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on their sexual orientation, genital status, or gender identity. They specified that the facility would house these residents in the general population unless requested by the resident for special housing for safety issues. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations:</b></p> <ul style="list-style-type: none"> <li>● West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 8, 13, 14</li> <li>● West Virginia Division of Corrections and Rehabilitation, Staff Training Policy Page 8</li> <li>● Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>● Memorandum of Understanding between WVDCR and the WV Supreme Court of Appeals Administrative Office Juvenile Justice Commission</li> <li>● Sam Perdue Juvenile Center Resident Handbook</li> <li>● PREA Posters</li> <li>● West Virginia Child Abuse Hotline notice and educational material</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● PREA Coordinator</li> <li>● Facility Superintendent</li> <li>● Facility Compliance Manager</li> <li>● Random Staff</li> <li>● Random Residents</li> <li>● Residents who Report Sexual Abuse</li> </ul> <p>The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 13 and 14, section 6A, Reporting states offenders shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other offenders or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The DCR shall distribute publicly through the DCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.</p>

Section B states that all employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PCM. Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse. C. Staff can privately report information about sexual assault and sexual harassment by submitting a confidential report to the Superintendent, PREA Compliance Manager or the Office of PREA Compliance.

The multiple ways to report are verbally (tell a friend, staff member or someone you trust), by utilizing the grievance box, by calling the sexual abuse hotline, and by reporting anonymously or to a third party (tell a parent or guardian.) Posters were observed throughout the facility and are designed with bright colors. They give the five ways to report sexual abuse and harassments.

Resident Postings and Notices for internal and external reporting mechanisms. The notices such as reporting contact information and grievance instructions, outside counseling services was disorganized and unclear on how to utilize the reporting mechanisms. During the evidence review phase, the facility revised and reposted the reporting instructions making it more clear, concise, and understandable way for residents. The Director of PREA Compliance forwarded documentation indicating the updated material for compliance.

The Youth Telephone Reporting System had limited access for resident to hotline access to make a report. Facility staff tested the line resulting in the inability to make a successful call. After the on-site visit, the facility contacted the telephone service provider to troubleshoot the issue. The phone service was resolved, and residents have access to the telephone to make a report. All calls made through the hotline are not recorded offering resident's anonymity and in as confidential manner as possible.

The resident handbook is another resource in which the facility provides residents multiple ways to report. The resident handbook as well as the West Virginia Division of Juvenile Services Resident Rights and resident handbook acknowledgment form. Within the resident handbook there is a section named RESPECT (Reduction, Education, Safety, Planning Elimination, Compliance, and Treatment) which details residents to local outside counseling services, third reporting reporting agencies, addresses, and contact numbers, and instructions on how to file a PREA related grievance and names and mailing addresses. Sexual assault can also be reported by calling the DJS Hotline at 855-366-0015, numerous law enforcement agencies, and the West Virginia Child Abuse Hotline. The resident handbook is written in English and Spanish versions.

The auditor contacted Just Detention International to inquire if that agency or facility had received any information regarding the facility. A check of their records showed no complaints on file regarding the parent agency or facility. The West Virginia Child Advocacy Network and Child Protect of Mercer County Inc. were contacted as well, which resulting in no reports or complaints regarding the agency and facility. The facility staff has a method to privately report sexual abuse and harassment of residents. They may do so by calling the PREA Hotline for private reporting. Staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties. Resident interviews indicated that they know at least one way to report sexual abuse and sexual harassment by telephoning the hotline or by speaking with a staff they trust, and about the anonymous reporting capability, but possessed limited knowledge of third party reporting by having or knowing someone else who could make the report for them so that they do not have to give their name.

**Interview Results:**

- Ten (10) residents interviewed confirmed they received information through a numerous sources instructing them how to report any allegations of sexual abuse, sexual harassment or retaliation.
- The residents gave several ways they could report sexual abuse and harassment; they can report verbally, in writing and through third parties. All residents interviewed stated that they have at least one staff member they could trust to report sexual abuse, namely their therapist or case manager.
- Residents were aware of how to access the hotline. They also were knowledgeable of the grievance process and expressed no doubt or uncertainty that if they filed a grievance, the matter would be taken seriously, and the matter would be resolved in a timely manner. Random staff interviewed were very knowledgeable and knew of many ways both staff and residents could report sexual abuse and harassment. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

**115.352 Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion****Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 13, 14
- West Virginia Division of Corrections and Rehabilitation, Staff Training Policy Page 8
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Understanding between WVDCR and the WV Supreme Court of Appeals Administrative Office Juvenile Justice Commission
- Sam Perdue Juvenile Center Resident Handbook
- PREA Posters
- PREA Zero Tolerance Grievance Procedure
- Resident Grievance Form
- Exhaustion of Administrative Remedies Memorandum dated 2/3/2020
- Spreadsheet identifying allegations filed by written grievances

**Interviews:**

- Agency Level Designee-Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 13, 14, section A, states an offender may also report abuse by using the DCR grievance process. These grievances will be forwarded to the Superintendent or designee for immediate action. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The DCR may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The DCR shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the DCR's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. The agency shall ensure that- 1. An inmate/resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and 2. Such grievance is not referred to a staff member who is the subject of the complaint.

Section E. states the DCR shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. F. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of offenders. CID will discuss the allegation with the alleged victim and proceed with an investigation if the allegation occurred in a correctional setting. G. After receiving a PREA emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, it must be forwarded to the Superintendent or designee for immediate action. An initial response will be provided within 48 hours and a final decision shall be within 5 calendar days. The initial response and final DCR decision shall document the DCR's determination whether the offender is in substantial risk of imminent sexual abuse and action taken in response to the emergency grievance. H. Offenders may be disciplined for filing a grievance related to alleged sexual abuse only where the DCR demonstrates that the offender filed the grievance in bad faith.

A memorandum dated January 2, 2020, written by the facility Superintendent regarding the WVDCR does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. When filing a grievance, a resident is not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Per DCR policy 430.00, the agency ensures 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, and those grievance are not referred to a staff member who is the subject of the complaint. DCR shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

In the last twelve months the Sam Perdue Juvenile Center has received 10 grievances, those grievances were addressed and resolved well within the 90-day time period and an extension was not needed. Six of those grievances were resident verbal complaints documented by staff, two of those grievances were written resident complaints and two of the incidents were observed by staff.

Third parties are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents, however the Sam Perdue Juvenile Center has not had a resident refuse third party assistance in the past twelve months.

The WVDCR has established procedures for the filing of an emergency grievance for residents that are subject to a substantial risk of imminent sexual abuse but has not received any emergency grievances in the past twelve months. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only when the agency demonstrates that the resident filed the grievance in bad faith, a resident has not filed or been disciplined for filing a grievance in bad faith within the past twelve months. The agency policy provides for youth to file a grievance, however if a resident grievance form is not available, a grievance may be written on any other paper and placed in a locked grievance box.



During the tour of the facility, the auditor observed grievance forms available and accessible to youth throughout the facility. When the resident completes the grievance, the resident places the form in a locked grievance box. Grievance boxes are placed in the living unit where residents have easy accessibility.

Any resident grievance filed against a facility administrator/program director can be mailed directly to the Office of the Chief Advocate. Residents place their grievances in an envelope and address the envelope to the facility Superintendent and place it in the grievance box.

Retaliation or the threat of retaliation from any agency or contract employee toward any resident for using the resident grievance process is strictly prohibited. Appropriate disciplinary actions are taken against any employee found to be in violation of the policy.

A memorandum dated February 3, 2020, written by the Director of PREA Compliance clarified that residents may submit a grievance, whether written or verbal, to anyone at any time. All grievances that are related to sexual abuse or harassment, no matter how they are received, automatically generate a PREA Review in the agencies Offender Information System (OIS). Once entered, the review is assigned a corresponding review number and is tracked accordingly. This process is used to document all complaints. Also provided was a spreadsheet outlining allegations that were submitted by the grievance process.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 10.
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was 10.
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported was 0.

#### **Interview Results:**

- According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse. Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the reporting or grievance boxes. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.



115.353

**Resident access to outside confidential support services and legal representation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 8, 9, 10, 24
- Memorandum of Understanding between DCR, Bureau of Juvenile Services, Sam Perdue Juvenile Center and ChildProtect of Mercer County Inc. Child Advocacy Center
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sam Perdue Juvenile Center Resident Handbook
- West Virginia Rape Crisis Centers
- PREA Posters
- PREA Zero Tolerance Grievance Procedure
- Resident Grievance Form
- Exhaustion of Administrative Remedies Memorandum dated 2/3/2020
- Child Protect and PREA outside counseling services

**Interviews:**

- Agency Level Designee-Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 8-10, 24, states the DCR shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The DCR shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Section 9, Offender Education states A. During the intake process, offenders shall receive educational information explaining, in an age appropriate fashion, the DCR' s zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to offenders individually or in groups. At a minimum, the offender shall receive: 1. Information regarding the agencies reporting procedures. 2. Information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. 3. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which report of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between offenders and these organization.

For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. DCR shall also provide juvenile offenders with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Posting notices with the contact numbers included within the facility were specifically DCR and The ChildProtect of Mercer County Inc. Child Advocacy Center contact information.

The facility has a Memorandum of Understanding Agreement between West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services- Sam Perdue Juvenile Center and Child Protect of Mercer County, Inc. Child Advocacy Center. A credential forensic examiner or a sexual assault nurse examiner (SANE) is made available. The sexual abuse forensic examinations (SAFE) are conducted at Princeton Community Hospital or Bluefield Regional Hospital. Child Protect of Mercer County, Inc. Child Advocacy Center makes available to the victim a victim advocate from rape crisis centers and the facility can provide a qualified DCR staff member, or qualified community-based organization staff member can accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. There are three (3) mental health staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member.

Resident interviews confirmed their knowledge of how to access these outside services, knowledge of what kind of services are provided to them, when they are able to talk with people from these services, and the knowledge of what is said that remains private related to mandatory reporting law.

#### **Interview Results:**

- Ten (10) residents interviewed knew if there were services available outside of the facility for dealing with sexual abuse if they would ever needed, knew what kinds of services were available, when they could speak with such services, and what is said

remains private. The auditor was very impressed on the resident's overall knowledge on this related topic. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

**115.354 Third-party reporting**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 12, 13
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Agency Website for Third Party Reporting
- Resident Handbook
- Sam Perdue Juvenile Center Authorization for telephone calls and visitation

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Random Staff
- Random Residents

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 12, 13, section 10, Reporting, states the DCR shall distribute publicly through the DCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations. All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship.

The agency offers opportunities for third-party reporting on the agency website. Third-party reporting is also posted and available on the agency website and displays the ability to report sexual misconduct: If you were the victim of sexual misconduct while in custody in West Virginia, or if you know of a person in custody in West Virginia who was a victim, you may report it to the WV Division of Corrections and Rehabilitation by using the following methods: If you were, or are, in custody at a WV juvenile center or facility, please call 1-855-366-0015 or you may also email [dcrprea@wv.gov](mailto:dcrprea@wv.gov). In the case of email communications, please include the following: the incident that occurred, who was the victim, who is the suspect, and time and date of sexual abuse. If requested, your anonymity will be protected.

The agencywide third-party reporting options, include but not limited to, the following: by writing by confidential mail to the West Virginia Supreme Court of Appeals – Administrative Office Juvenile Justice Commission located at the Berkeley County Judicial Center, 380 W. South Street, Suite 2102, Martinsburg, West Virginia and to the Office of PREA Compliance, Division of Corrections and Rehabilitation located at 1409 Greenbrier Street, Charleston, West Virginia 25311. The West Virginia State Police are responsible for criminal investigations. Child Protect of Mercer County, West Virginia, is an outside agency organization. The West Virginia Child Abuse Hotline is 1-800-352-6513 and Mercer County Sheriff's Department is 304-487-8364. Third Party Reporters are encouraged to have any information or evidence available for the investigator who will be assigned to handle the case. All reports are taken seriously and investigated as outlined in PREA and DCR rules and procedures.

Facility staff provides the residents with a resident handbook as well as the West Virginia Division of Juvenile Services Resident Rights and resident handbook acknowledgment form. Within the resident handbook there is a section named RESPECT (Reduction, Education, Safety, Planning Elimination, Compliance, and Treatment) which details residents to local outside counseling services, third reporting reporting agencies, addresses, and contact numbers, and instructions on how to file a PREA related grievance and names and mailing addresses.

In addition to the handbook, the resident receives the Knowing Your Rights and Responsibilities: A PREA Guide pamphlet that includes third-party reporting information. Resident interviews confirmed awareness and knowledge of reporting sexual abuse or harassment to others outside (third party reporting) of the facility including access to family members and attorney. If at any time a resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report on the resident's behalf by contacting assigned staff. All sexual abuse or sexual harassment reports are done discreetly to not compromise the offender. Third- party reporting notices are posted in areas where the public and visitors such as family members and attorneys. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.361 Staff and agency reporting duties**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 13- 15
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sam Perdue Juvenile Center Authorization for telephone calls and visitation
- The National Sexual Assault Hotline 1-800-656-HOPE and West Virginia Foundation for Rape Information Services
- West Virginia Division of Juvenile Services Hotline 1-855-366-0015
- Child Abuse Hotline 1-800-352-6513

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Medical and Mental Health Staff
- Random Staff

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 13- 15, section 6B states all employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PREA Compliance Manager (PCM). Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.

Section 7. Official Response states A. The facility PREA Compliance Manager (PCM) will report all allegations of sexual abuse, including anonymous allegations to the Office of PREA Compliance. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation or other security and management decisions. G. The DCR shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse for at least 90 days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation.



Per West Virginia Code §49-2-803(a), all instances of abuse involving Juvenile offenders must be reported directly to the child abuse hotline at 1-800-366-0015 as soon as possible but no later than 24 hours of becoming aware of the misconduct. Policy also requires that staff report all verbal statements and document them by the end of the shift.

**Interview Results:**

- All staff interviewed indicated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- Staff also are aware of the facility procedure for reporting any information related to a resident sexual abuse allegation. Interviews with Medical and Mental Health staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.362 Agency protection duties**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 14
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sam Perdue Juvenile Center Authorization for telephone calls and visitation

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Random Staff

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 14, section 7B, Official Response, when facility staff learns that an offender is subject a substantial risk of sexual abuse, the facility shall assess and implement appropriate protective measures and shall take immediate action to protect the offender without unreasonable delay. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

A memorandum written by the facility Superintendent dated January 2, 2020 regarding agency protection duties; per DCR policy, the Sam Perdue Juvenile Center shall take immediate action to protect all residents that may be subject to a substantial risk of imminent sexual abuse. There has not been an instance in which a resident was at substantial risk of imminent abuse at the Sam Perdue Juvenile Center in the past twelve months. In the past twelve months there have not been any allegations that a resident was abused while confined at another facility or reports from other facilities regarding abuse that occurred at the Sam Perdue Juvenile Center.

In the course of documentation and interviews with the Agency level designee- Deputy Commissioner, Director of PREA Compliance, PREA Coordinator, Facility Superintendent, PREA Compliance Manager, and random staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse.

Random staff indicated that if a resident was in danger of sexual abuse and at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate the resident from the alleged perpetrator, and contact their immediate supervisor. Further action by a supervisor is modify the residents bed assignment based on the safety and security of all residents.

If the potential abuser was a staff member, staff reported that the staff would be placed on administrative leave pending the outcome and result of the investigation, and if the allegation was substantiated the presumed action would be termination. Additionally, the resident would be referred for medical and mental health services. All residents interviewed reported they feel safe and, more importantly, sexual safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews:

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was 0.
- If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: Immediately.

**Interview Results:**

- Interview with the Deputy Commissioner, PREA Coordinator, PREA Compliance Manager, specialized staff, and random staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment perhaps on a different tier based on the safety and security of all residents.
- All interviewed staff reported that information would only be shared with necessary parties. More specifically, staff described not sharing information with other residents or unnecessary staff. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.363 Reporting to other confinement facilities**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 15
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- State of West Virginia Division of Corrections and Rehabilitation Superintendent Reporting to Other Confinement Facilities Form

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Random Staff

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 15, section 7, Official Response, states A. Within 72 hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office of where the alleged abuse occurred and shall also notify the Office of PREA Compliance. The Superintendent can contact the other facility via phone before forwarding the report in writing. The facility shall document that it has provided such notification and ensure that the allegation is investigated in accordance with PREA standards.

The state of West Virginia Division of Corrections and Rehabilitation Superintendent Reporting to Other Confinement Facilities Form requires the facility Superintendent that upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency.,

The facility Superintendent who receive such notification shall ensure that the allegation is investigated in accordance with PREA standards. The outcome of the investigation shall be provided to the facility that initiated the allegation from the juvenile. There were no occurrences of a resident alleging sexual abuse at another confinement facility during the twelve (12) month period.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a resident

was abused while confined at another facility was 0.

- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

**Interview Results:**

- Interviews with the Agency level designee- Deputy Commissioner, Director of PREA Compliance, PREA Coordinator, the facility Superintendent, and PREA Compliance Manager indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If it involves a resident, they will monitor that resident until investigation is completed. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.364 Staff first responder duties**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 15
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Attachment #4 DCR Coordinated Response Plan
- 115.364 Staff First Responder Duties Memorandum
- Sexual Abuse and Harassment Investigation Reports
- PREA Checklist and Incident Review Question Sheet

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Medical and Mental Health Staff
- Non-Security and Security Staff
- Random Staff
- Residents who Reported Sexual Abuse
- Random Residents

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 15, section 7D. Official Response requires upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the DCR coordinated response plan. Attachment four (4) of the PREA Compliance Manual, West Virginia Division of Corrections and Rehabilitation Coordinated Response Plan outlines staff first responder duties preceded by specific instructions of the institutional coordinated response plan.

A memorandum written by the facility Superintendent dated January 2, 2020 regarding staff first responder duties; per DCR policy, upon learning of an allegation that a resident was sexually abused at the Sam Perdue Juvenile Center, the first staff member to respond to the report shall be required to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. There has not been an incident of sexual abuse at the Sam Perdue Juvenile Center in the last twelve months requiring evidence collection.

There were ten (10) allegations of sexual abuse during the past twelve (12) months. Supporting documentation such as the incident and investigation reports indicated first responder duty responsibilities were followed by policy and procedure. Random staff and first responder interviews validated this technical knowledge of actions to be taken upon learning that a resident was sexually abused; random staff interviewed had the confidence and knowledge in providing the action steps identified in the policies and procedures,

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused: 10.
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0.
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0.
- Of these allegations the number of times the first security staff member to respond to the report: 10.
- Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0.
- Requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating: 0
- Ensured 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: 0.
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0.
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0.
- Of those allegations responded to first by a non-security staff member, the number of times that staff member:
- Requested that the alleged victim not take any actions that could destroy physical evidence.
- Notify security staff: 0.

**Interview Results:**

- All random staff interviewed could indicate the action steps identified in the policies and procedures, had limited knowledge of their responsibilities and duties as first responders, and were unaware of why they do these duties. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.



**115.365 Coordinated response**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 15
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Attachment #4 DCR Coordinated Response Plan
- Sexual Abuse and Harassment Investigation Reports
- PREA Checklist and Incident Review Question Sheet

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 15, section 7D. Official Response states upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the *DCR coordinated response plan*.

Attachment four (4) of the PREA Compliance Manual, West Virginia Division of Corrections and Rehabilitation Coordinated Response Plan outlines staff first responder duties preceded by specific instructions of the institutional coordinated response plan. The agency's Coordinated Response Plan (flow chart) clearly details the duties and responsibilities beginning with employee first responder duties, shift supervisor, facility investigator, emergency examinations and testing, medical and mental health, facility Superintendent, and facility PREA Compliance Manager. The Director of PREA Compliance developed and ordered additional coordinated response plan posters to display within the facility.

**Interview Results:**

- Interviews with the PREA Coordinator, facility Superintendent, PREA Compliance Manager, and random staff indicated the facility has a very detailed system in place

providing the staff with clear actions to be taken by each discipline for accessing; contacting administrative staff, medical and mental health staff, and contacting law enforcement, victim advocate services, and a number of other individuals. All staff interviewed were asked where the coordinated response plan was in designated areas which were strategically placed throughout the facility. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 15
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager

The Agency PREA Coordinator provided a Memorandum with the subject being 115.366 preservation of ability to protect juveniles from contact with abusers. The memo stated that the agency or facility is not involved in collective bargaining. Documentation also stated that there is nothing that limits the agency’s ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

After review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 15, section 7E. the DCR does not have the authority to enter into collective bargaining agreements pursuant to WV State Code. Neither the agency/facility are involved in collective bargaining. According to the Agency level designee- Deputy Commissioner, PREA Director of PREA Compliance, and facility Superintendent, there is nothing that limits the agency’s ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

Furthermore, the conduct of the disciplinary process is not affected, and investigation information will not be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated. Finally, West Virginia is a right to work state and does not have any union representation for its correctional employees.

**Interview Results:**

- Interviews with the Agency Designee- Deputy Commissioner, PREA Coordinator, stated

that West Virginia is a right to work state and is not involved in collective bargaining nor does the agency have any union representation for its employees. Based on the above listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

**115.367 Agency protection against retaliation****Auditor Overall Determination: Meets Standard****Auditor Discussion****Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 15
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Checklist and Incident Review Question Sheet

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator, Designee who Monitors Retaliation
- Facility Superintendent
- Facility Compliance Manager
- Residents who reported Sexual Abuse
- Residents in Segregated Housing (for risk of sexual victimization/who allege) to have suffered sexual abuse

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 15, sections F and G state the DCR shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Section G. reads, the DCR shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse for at least 90 days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items the DCR should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DCR shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Such monitoring shall include periodic status checks. The obligation to monitor for retaliation shall terminate if the allegation is unfounded. If any individual who cooperates with an investigation expresses a fear of retaliation, the DCR shall take appropriate measures to protect that individual against retaliation. The facility shall act promptly to remedy any such retaliation. Action taken to protect Staff or offenders shall be documented and reported to the Office of PREA Compliance within 24 hours of the reported incident. Any effort to hinder or impede a Staff or an offender from reporting an incident or retaliation shall result in disciplinary action.

Retaliation monitoring occurs in thirty (30) day increments until at least 90 days following a report of Sexual Abuse is documented in the agency's database system, however the agency/facility goes beyond that time frame if the resident or staff needs that extension. The agency PREA Coordinator monitors juvenile disciplinary reports, housing or program changes as well as negative performance reviews or reassignments of staff. In the case of juveniles, monitoring will include periodic status checks, to determine if resident levels are lost for legitimate causes. In cases of any retaliation by youth or staff, the PREA Coordinator notifies the Director of PREA Compliance, and the facility PREA Compliance Manager and Superintendent.

Over the past twelve months, the facility reported ten (10) sexual abuse allegations and there were no incidents of retaliation in all allegations. The facility stated there were no occurrences of retaliation in all ten (10) allegations from either the residents and or staff over the past twelve (12) month reporting period.

The interview with the PREA Coordinator confirmed that she monitored for retaliation to include period checks over the designated time period of 90 days, resulting in zero cases of retaliation. When there are cases of retaliation, the PREA Compliance Manager records the information on the agency database all relevant information including protective measures, items that show cases of retaliation and notes in the week of the occurrence of retaliation, and comments including remedy for retaliation.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was 0. There was supporting documentation to show that retaliation was monitored during the ninety (90) days for the ten (10) sexual abuse allegations.
- The length of time that the agency/facility monitors the conduct or treatment: ninety (90) days.

### **Interview Results**

- Interview and documentation review with residents who reported sexual abuse, indicated the PREA Compliance Manager checked in periodically throughout several months. Confirmation from the PREA Coordinator and Compliance Manager indicated all residents involved in sexual abuse and harassment allegations were monitored for retaliation. There were no residents in segregated housing (for risk of sexual victimization/who allege) to have suffered sexual abuse. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.368 Post-allegation protective custody**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 23, 24
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Resident Case File Reviews

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- Director of PREA Compliance
- Facility Superintendent
- Facility Compliance Manager
- Medical and Mental Health Staff
- Random Staff
- Residents in Isolation

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 23 and 24, section 14, pertains to juvenile facilities requires that juvenile offenders may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other offenders safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny any offenders daily large muscle exercise and any legally required educational programming or special education services. All offenders in isolation shall receive daily visits from a medical or mental health care clinician. Offenders shall also have access to other programs and work opportunities to the extent possible.

Every thirty (30) days, the facility shall afford each juvenile offender a review to determine whether there is a continuing need for separation from the general population. If a juvenile offender is isolated for these reasons, the facility shall clearly document the basis for the facility's concern for the offenders' safety and the reason why no alternative means of separation can be arranged. The Sam Perdue Juvenile Center Pre-Audit Questionnaire indicated there were no resident placed in isolation for protective care over the past twelve (12) months.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0.

- The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0.
- The average period residents who allege to have suffered sexual abuse held in isolation to protect them from sexual victimization in the past 12 months: 0.

**Interview Results:**

- Interviews with the Agency level designee- Deputy Commissioner, Director of PREA Compliance, PREA Coordinator, facility Superintendent, and PREA Compliance Manager indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If the allegation involves a resident, staff will monitor and document until investigation is completed.
- Specialized and random staff indicated that the alleged abuser would be moved to another unit or facility.
- Random residents interviewed stated they have not been placed into isolation for any reason while placed at the facility. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.



115.371

**Criminal and administrative agency investigations**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 17
- West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, Page 16
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- National Institute of Corrections Certificates of completion on Specialized PREA Training Investigating Sexual Abuse in a Confinement Setting
- Sexual Abuse Investigative Files
- PREA Checklist and Incident Review Question Sheet

**Interviews:**

- PREA Coordinator
- Director of PREA Compliance
- Administrative Investigators
- Facility Superintendent
- Facility Compliance Manager

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 17 and West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, page 16, are related to criminal and administrative agency investigations.

The West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00, section A. Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PREA Compliance Manager (PCM) shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 1. Individuals conducting these investigations will receive specialized training. 2. Staff members, as designated by the Superintendent, shall do an inquiry on offender on offender harassment allegations. 3. CID investigators will conduct investigations on all staff on offender allegations and offender on offender sexual abuse allegations. 4. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation. 5. Investigations will be promptly, thoroughly, and objectively completed for all allegations, including third party and anonymously reported allegations. The reports and all related documentation are to be entered in the appropriate tracking system. 6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations. Failure to cooperate with the investigation, such as withholding known information, withholding evidence or giving false statements will result in disciplinary action.

Section B states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Section C. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Section D. The DCR shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the DCR, plus five years. Section E. When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress. Section G. Investigators shall: 1. Gather and/or preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, 2. Interview alleged victims, suspected abusers, and witnesses, 3. Review prior complaints and reports of sexual abuse involving the suspected abuser, 4. Determine whether staff actions or failures to act contributed to the abuse and shall be documented in the reports.

Section H. The DCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Section I. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Section J. When the quality of evidence appears to support criminal prosecution, the DCR shall conduct compelled interviews only after consulting with prosecutors to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. The DCR shall not require an offender who alleges unwanted forced sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such an allegation. Investigations shall not be terminated solely because the source of the allegation recants the allegation.

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

The West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, page 3, section 3, Investigative Priorities; Initiating or Assigning Investigations states a. Investigative priorities are: investigating acts of physical violence; eliminating the supply of dangerous contraband, such as, but not limited to illegal substances, weapons and other articles described in West Virginia Code § 61-5-8; and preventing or responding to escapes, riots, hostage takings and other serious disturbances. Investigators will follow the evidence wherever it takes them and shall be aware of the time constraints involved in each situation. b. Prison Rape Elimination Act (PREA) Investigations: PREA complaints will be assessed and referred, as may be determined appropriate, for investigation as follows: 1. All PREA complaints received will be reviewed by the agency PREA Coordinator. If the agency PREA Coordinator determines that the complaint requires investigation, the matter will be referred by the agency PREA Coordinator to the Deputy Director of the DMAPS Investigations Unit. 2. The Deputy Director of the DMAPS Investigations Unit shall then assign the complaint to an Investigator, an investigation shall be conducted. 3. The Investigator shall submit their PREA investigative report to the Deputy Director of the DMAPS Investigations Unit, who shall forward a copy to the agency PREA Coordinator.

The agency PREA Coordinator shall then be responsible to forward the report to the appropriate senior leader(s) in their agency chain of command. C. While many investigations are reactive in nature, that is, they are conducted in response to some occurrence, for example, a physical assault; Investigators are encouraged to plan and conduct proactive investigations based on information obtained through intelligence gathering or reports from witnesses. Accordingly, investigations may be initiated at the DMAPS Investigations Unit level by an Investigator, District Supervisor, Deputy Director or Director. D. A Warden, Administrator, Superintendent, Director or Designee may assign an investigation to an Investigator headquartered at his/her location. The Investigations Director shall be notified at the time of all such assignments. Wardens, Administrators, Superintendents, Directors or Designees at locations which do not have an Investigator headquartered there shall contact the District Supervisor for assignment of an Investigator whenever the need arises.

Procedure Section, Investigations, #4. Notification of State Police - Matters Requiring Criminal Investigation Assistance. a. It is policy of the DMAPS Office of Correctional Operations, that the State Police is the law enforcement agency of primary jurisdiction whenever outside assistance is required with any criminal investigation. b. Whenever an initiating authority, as described in Section 3 of this policy, 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. c. All sexual assault and sexual abuse allegations will be reported immediately and in compliance with National Prison Rape Elimination Act (PREA) Standards, 28CFR Part 115, 2012 and related agency PREA policies. d. The person making the notification shall record the date, time, and name/rank of the law enforcement officer or civilian employee receiving the notification.

DCR and the Sam Perdue Juvenile Center facility provided staff certificates of training from the twenty-nine (29) administrators completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and administrative investigations is published on the agency website.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.
- There were ten (10) allegations; there have been no reported investigations that appeared to be criminal and referred for prosecution according to state law of alleged facility staff or resident's inappropriate sexual behavior in the facility in the past twelve (12) months.

**Interview Results:**

- Interviews with the Deputy Commission, Director of PREA Compliance, PREA Coordinator, and facility Superintendent indicated when a sexual abuse allegation occurs the agency investigators are notified and begin the investigation. When an outside agency investigates allegations of sexual abuse the agency remains informed of the progress of the sexual abuse investigation by maintaining contact with the assigned agency investigator, state and local law enforcement agencies, and the prosecutor's

office.

- Interviews with two (2) agency investigators who conduct administrative and investigations indicated when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Both investigators indicated they completed the training requirements in 115.331 and .334. They further stated, investigators described that direct and circumstantial evidence gather in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.
- The two (2) investigators indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report, when evidence is discovered that a prosecutable crime may have taken place; it is turned in for review then the prosecutor is consulted. According to the investigators cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal. The investigators indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion and all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.
- When interviewed, the Agency level designee- Deputy Commission, Director of PREA Compliance, Administrative Investigator, PREA Coordinator, facility PREA Compliance Manager were knowledgeable with the standard related to administrative or criminal investigations. Based on the above listed information, the auditor determination is the facility meets the standard for the relevant review period.

115.372

**Evidentiary standard for administrative investigations**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 17
- West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, Page 16
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sexual Abuse Investigative Files

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- Administrative Investigators
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 17, section 8H. and the West Virginia Department of Military Affairs and Public Safety, DMAPS Operations, DMAPS Investigations Unit Policy and Procedures, page 16 states the DCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Interview Results:**

- Interviews with the Deputy Commissioner, Administrative Investigators, and PREA Coordinator confirmed that the agency or program does not conduct administrative investigations nor determine evidentiary standards. When there is evidence that a prosecutable crime has taken place, the office consults with prosecutors before conducting compelled interviews. The agency and facility meet the Standard and complies for the relevant rating period.

**115.373 Reporting to residents**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 17, 18
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sexual Abuse Investigative Files-Youth Notification Letters

**Interviews:**

- Administrative Investigators
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Resident who Reported a Sexual Abuse

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 17 and 18, section K. states at the conclusion of the investigation, the investigator will prepare an investigative report that documents a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and all documentary evidence when feasible. The investigative findings will indicate whether the evidence supports a finding that sexual abuse has occurred (substantiated), the allegation is false (unfounded), or the evidence is inconclusive (unsubstantiated). If the case has not already been referred for criminal prosecution, the Investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the county where the assault occurred. If any State entity or Department of Justice component conducts investigations shall do so pursuant to the above requirements.

Section L. Following an investigation into an offender's allegation that he or she suffered sexual abuse, the Facility PCM shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. Information given to the offender shall be documented. Section M. Following a substantiated or unsubstantiated allegation that a staff member has committed sexual abuse against an offender, the facility shall subsequently inform the offender whenever: 1. The staff member is no longer posted within the offender's unit, 2. The staff member is no longer employed at the facility, 3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility, 4. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Section N. states following an offender's allegation that he or she has been sexually abused by another offender, the DCR shall subsequently inform the alleged victim whenever: 1. The DCR learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, 2. The DCR learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Section O. All notifications or attempted notifications shall be documented and sent to the offenders current DCR placement or address on file. The facility's obligation to report under this policy shall terminate if the offender is released from the Division's custody.

Residents who have been the victim of a sexual abuse and sexual harassment receive notification of determined outcomes documented using the juvenile notification of investigative outcome form. The juvenile notification of investigative outcome is submitted to the facility PREA compliance manager, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile's administrative file as documentation of the notification.

The facility provided notifications for all ten (10) allegations that were provided to youth following the investigation. Both the victim and aggressor were informed of the outcome. Youth signatures were observed on each form indicating the youth received the notification of the outcome of the investigation. If the facility did not conduct the investigation, the facility investigator shall request relevant information from the investigative agency in order to inform the resident.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months were 10.
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation were 10. Notification letters to the residents were completed and signed by Facility Administration including the PREA Compliance Manager.
- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- In the past 12 months, the number of notifications to residents that were provided pursuant to this standard were 9.

#### **Interview Results**

- Interviews with the PREA Coordinator, PREA Compliance Manager, and Administrative Investigator indicated that the program notifies residents- who make an allegation of sexual abuse- in writing who when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- The resident who reported sexual abuse confirm receiving written notification and the letter was placed on the residents file. The agency and facility meet the Standard and is



compliant for the relevant rating period.

**115.376 Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews, and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 18
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum regarding disciplinary sanctions for staff
- Review of Human Resource files

**Interviews:**

- PREA Coordinator
- Administrative Investigators
- Facility Superintendent
- Facility Compliance Manager
- Administrative Human Resource Manager

The review of West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 18, section 9, Staff Discipline, A. The staff member shall be subject to disciplinary sanctions up to and including termination for violating DCR sexual abuse or sexual harassment policies, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of DCR policies relating to sexual abuse or sexual harassment ( other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be documented and reported to law enforcement agencies, unless the act was clearly not criminal, and to any relevant licensing bodies. The departure of the alleged abuser or victim from the employment or control of the DCR shall not provide a basis for terminating an investigation.

A memorandum dated January 2, 2020 from the facility Superintendent explained that during the past twelve (12) months the facility has not had any staff who was disciplined, who resigned or terminated for violating the agency's sexual abuse or sexual harassment policies. The auditor reviewed the investigative and personnel files during the on-site portion of the audit. The auditor commends the facility for being proactive in identifying and addressing potential problem areas.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was 0.
- In the past 12 months, the number of staff from the facility who have been terminated

(or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.

- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0.
- In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

#### **Interview Results**

- Interviews with the PREA Coordinator, facility Superintendent, facility Compliance Manager, Administrative Human Resources Manager, and Administrative Investigators validated that technical knowledge of the reporting process is consistent with DCR policies and procedures. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.377 Corrective action for contractors and volunteers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 18, 19
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum regarding Disciplinary sanctions for volunteers, contractors
- Review of Staff Human Resource files

**Interviews:**

- PREA Coordinator
- Administrative Investigators
- Facility Superintendent
- Facility Compliance Manager
- Administrative Human Resource Manager
- Volunteers and Contractors

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 18 and 19, section 9, Staff Discipline, B. Any contractor, volunteer, intern or any individual who conducts business with or uses the resources of the DCR, who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action. Retaliatory action against any individual who reports or is involved in a sexual abuse or sexual harassment investigation is strictly prohibited. Any contractor, volunteer, intern or any individual who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies. A memorandum from the facility Superintendent explained that during the past twelve (12) months the facility confirmed no contractor or volunteer corrective actions initiated during the previous 12-month period. The auditor interviewed two (2) volunteers and four (4) contractors assigned to the facility and their level of professionalism, concern, and expertise was impressive.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

**Interview results:**

- Interviews with the PREA Coordinator, facility Superintendent, Investigator, Administrative Human Resource Manager, and PREA Compliance Manager confirmed the process for corrective action for contractors and volunteers.
- Interviews with the volunteers and contractor indicated they received PREA training, reviewed the PREA policy, and consequences of such actions. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.378 Interventions and disciplinary sanctions for residents****Auditor Overall Determination: Meets Standard****Auditor Discussion****Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 19 and 20
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Review of Resident files
- Resident Handbook

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Medical and Mental Health Staff

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 19 and 20, sections 9 and 10, Discipline, states that all sexual contact, whether voluntary or forced, between offenders is prohibited and subject to disciplinary action. Any mutual sexual contact between offenders is a rule violation but shall not constitute sexual abuse. Offenders shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. Offender's may be charged with a facility rule violation even if they are also being charged within the court system. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

When an offender is found guilty of misconduct related to sexual abuse and the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The PREA Compliance Manager (PCM) shall refer the offender to the psychologist/mental health clinician, who will consider whether to require the abuser to participate in therapy, counseling or other intervention designed to address and correct underlying reasons or motivations for the abuse. Participation may be required in such interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. DCS prohibits all sexual activity between juveniles and may discipline juveniles for such activity. DCS, however, does not deem such activity to constitute sexual abuse if it determines that the activity was consensual. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was 1. As a result of the incident, the resident was held accountable through discipline sanctions and treatment expectations.
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0.

**Interview results:**

- Interviews with the PREA Coordinator, facility Superintendent, and Compliance Manager confirm that if the facility has any resident found to have violated any of the agency's sexual abuse or sexual harassment policies, they will be subject to sanctions pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories and residents are not denied daily large-muscle exercise. Sanctions imposed for comparable offenses by other residents with similar histories, educational programming or special education services, other programs and work opportunities to the extent possible.
- Interviews with medical and mental health staff confirmed crisis intervention and counseling are offered to residents. Medical and mental health staff confirmed youth

are offered therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility offers services to the offending resident and the victim. The residents are not required to participate as a condition of access to programming or other benefits.

- The facility Superintendent explained that disciplinary actions for youth would include keeping the resident under strict supervision, making the required notifications and notify the Court. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.



115.381

**Medical and mental health screenings; history of sexual abuse**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 12, 19, 20
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum regarding Medical and Mental Health Screenings; History of Sexual Abuse
- Sexual Abuse Investigative Files; Disclosure prior Sexual Abuse
- State of West Virginia Division of Juvenile Services Health Assessment
- PREA Checklist for Reporting an Allegation
- PrimeCare Medical Incorporated Receiving Screening/Health Assessment
- PrimeCare Medical Incorporated Notification of Medical Services, Consent for Treatment Form
- Consent to Disclose Protected and Confidential PREA Related Information
- MAYSI-2 Questionnaire
- Dispensary Cart for Medication and Treatment Form
- Resident list indicating follow up medical and mental health care after disclosure of sexual abuse
- Clinical Report on residents who disclosed prior sexual abuse at screening reported sexual abuse

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Medical and Mental Health Staff
- Random Residents
- Residents who Disclose Sexual Victimization at Risk Screening
- Staff responsible for Risk Screening

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 12, 19, sections 10, Screening for Risk of Sexual Victimization and Abusiveness, I. If the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within 14 days of the intake screening. Section 11, Medical and Mental Health states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Such practitioners shall be required to inform offenders at the initiation of services of their duty to report and the limitations of confidentiality. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

A memorandum submitted by the facility Superintendent explained the Sam Perdue Juvenile Center is a commitment facility who specializes in treating residents adjudicated for perpetrating sexual abuse, sexual assault and/or serious deviant sexual acts as outlined by West Virginia State Code. All residents are considered at risk for sexual abuse at this facility based on the population we serve and 100% are perpetrators who receive regular and follow-up meetings with mental health providers/practitioners as part of programming. Residents are screened and staffed prior to arrival and accepted based on criteria specific to sexual perpetration, and housed accordingly upon arrival (details of perpetration, reported victimization, age, IQ, physical stature, etc.). In the last twelve months, the Sam Perdue Juvenile Center has 100% of residents who previously perpetrated sexual abuse, assault, or a deviant sexual act and 100% received follow-up with a mental health provider/practitioner.

The auditor reviewed two (2) investigative reports of resident disclosures of prior abuse and randomly reviewed resident files and verified residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The facility medical and mental health staff are provided assessments and documents that capture the practice in daily operation. Resident file reviews confirmed residents were seen within the time frame.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past twelve (12) months the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a mental health practitioner: 2 residents and 100%
- In the past twelve (12) months the percent of residents who disclosed prior perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a mental health practitioner: 2 residents and 100%

**Interview results:**

- During resident interviews, two (2) residents who disclosed prior sexual victimization during the risk screening process resident indicated they were seen by medical and mental health practitioners' after disclosure and within the fourteen (14) day requirement. File review confirmed resident was seen within the time frame. An interview with a resident who reported sexual abuse indicated he was referred to or seen by medical and mental health practitioners within the fourteen (14) day requirement.
- Interviews with Medical and Mental Health staff indicated that at the initiation of services to a resident, staff disclose the limitations of confidentiality and duty to report. When reports of sexual abuse are disclosed by residents, staff notify ChildProtect Inc., preserve evidence, conduct an initial assessment, and make a DCR report and police report.
- Staff are aware that residents reporting sexual victimization or prior sexual aggressiveness are to be referred for a follow-up meeting. They stated that services would be offered including evaluation, treatment and safety planning, and follow-up services. Information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 20
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- State of West Virginia Division of Juvenile Services Health Assessment
- PREA Checklist for Reporting an Allegation
- PrimeCare Medical Incorporated Receiving Screening/Health Assessment
- PrimeCare Medical Incorporated Notification of Medical Services, Consent for Treatment Form
- PrimeCare Medical Incorporated Consultation Appointment/Emergency Room Referral
- Consent to Disclose Protected and Confidential PREA Related Information
- MAYSI-2 Questionnaire
- Dispensary Cart for Medication and Treatment Form
- Access to Medical and Mental Health Services Memorandum dated 2/6/2020
- Memorandum of Agreement between West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services- Sam Perdue Juvenile Center and Child Protect of Mercer County, Inc. Child Advocacy Center
- Clinical Report on residents who reported sexual abuse

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 20, section 11, Medical and Mental Health states victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's, if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

C. The facility will use the list of local hospitals that employ a SANE (Sexual Assault Nurse Examiner), to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam, must be documented. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. E. Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results due to the sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services. The facility medical and mental health staff are provided assessments and documents that capture the practice in daily operation. Resident file reviews confirmed residents were seen within the time frame.

A memorandum dated 2/6/2020 from the Director of PREA Compliance verified that in the last twelve (12) months, the Sam Perdue Juvenile Center did not receive any allegations for resident on resident or staff on resident abuse that would require medical assistance. Medical is aware of all PREA occurrences since they are part of the review team and clinical team, however, youth on youth harassment would not warrant medical involvement/examinations as it pertains to the standard because of where they fell on the spectrum (verbal, consensual touching).

It should be noted medical was notified and involved in setting up the follow up appointments for the two residents who reported abuse prior to custody and were sent for SAFE/SANE exams. These did not occur while in custody but were reported and investigated with referrals to Child Protect whereby both mental health and medical were involved throughout the process. Mental Health continued and is ongoing at this facility until a resident is discharged from custody. This was also confirmed by the facility Superintendent and facility PREA Compliance Manager.

**Interview Results:**

- Interview with Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital. The Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. An interview with the Executive Director at ChildProtect Inc. of Mercer County and the Emergency Room Director at Princeton Community Hospital indicated and confirmed access to emergency medical and mental health services. They further indicated that victim advocate services will be provided as well. The facility also has staff trained as victim advocates to immediately respond at the facility until a victim advocate is present. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.



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

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 20, 21
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- State of West Virginia Division of Juvenile Services Health Assessment
- PREA Checklist for Reporting an Allegation
- PrimeCare Medical Incorporated Receiving Screening/Health Assessment
- PrimeCare Medical Incorporated Notification of Medical Services, Consent for Treatment Form
- PrimeCare Medical Incorporated Consultation Appointment/Emergency Room Referral
- Consent to Disclose Protected and Confidential PREA Related Information
- MAYSI-2 Questionnaire
- Dispensary Cart for Medication and Treatment Form
- Access to Medical and Mental Health Services Memorandum dated 2/6/2020
- Clinical Report on residents who reported sexual abuse

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Medical and Mental Health Staff
- Residents who Reported Sexual Abuse

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 20, 21, section 11, Medical and Mental Health states DCR facilities shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse within any facility. Offenders will be offered follow-up medical and mental health services consistent with the community level care as well as access to outside victim advocates for emotional support services related to sexual abuse. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to placement to other facilities or release from custody.

Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results due to the sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Victims of sexual abuse will be transported to ChildProtect Inc. of Mercer County, Princeton Community Hospital or Bluefield Regional Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SAFE/SANE examiner. There is a process in place to ensure facility staff track on-going medical and mental health services for victims who may have been sexually abused, and medical staff track the follow-up medical visits and document their findings in the resident's medical file. Resident who reported sexual abuse remembers being referred and seen by medical and mental health services. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.



115.386

**Sexual abuse incident reviews**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 21
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sam Perdue Juvenile Center PREA Investigation Spreadsheet of allegations over the past twelve (12) months
- PREA Standards 115.386 Sexual Abuse Review Team Memorandums dated 11/2019 and 1/2020
- Incident Report Form
- Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months
- PREA Checklist and Incident Review Question Sheet
- Facility Goals for fiscal year 2019

**Interviews:**

- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Incident Review Team Members

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 21, section 12, Data Collection and Review; A. The Office of PREA Compliance, in collaboration with Facility PREA Compliance Manager (PCM) shall conduct a Sexual Abuse Incident Review within 30 days of the conclusion of every sexual abuse investigation where the allegation was substantiated, or unsubstantiated. The review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. No review shall be conducted if the allegation has been determined to be unfounded.

B. The review committee shall: 1. Consider whether the allegation or investigation indicates need to change policy or practice to better detect, or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

C. The facility shall document the recommendations for improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review. D. The Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected. The review findings, recommendations for improvement and corrective action shall be documented.

The facility had reported eleven (11) sexual abuse and sexual harassment allegations for the past twelve (12) months. The breakdown of sexual abuse and sexual harassments allegations were as follows: seven (7) allegations as Resident on Resident Sexual Harassment with an outcome of three (3) substantiated, four (4) unsubstantiated, and zero (0) unfounded. Two (2) Resident on Resident Sexual Abusive Contact with an outcome of one (1) substantiated, one (1) unsubstantiated, and zero (0) unfounded. One (1) allegation of Staff on Resident sexual harassment with an outcome of unsubstantiated and one (1) allegation of Resident on Resident sexual abusive contact with an outcome determined consensual.

Sexual Abuse Incident Review forms were completed on ten (10) allegations, except for the allegation with the finding and outcome of consensual resident on resident sexual abusive contact. Interviews with the PREA Coordinator, facility PREA Compliance Manager, facility Superintendent, and Administrative Investigator indicated they were members of the Incident Review Team and take into consideration all elements of subsection (d) 1-6 and (e) consistent with the standards. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility-- excluding only "unfounded" incidents-- was 10.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding-- only "unfounded" incidents--was 10.

115.387	<b>Data collection</b>
	<p data-bbox="321 205 906 237"><b>Auditor Overall Determination: Meets Standard</b></p> <hr/> <p data-bbox="321 275 570 306"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="321 386 1006 417"><b>Supporting Documents, Interviews and Observations:</b></p> <ul data-bbox="363 453 1425 835" style="list-style-type: none"> <li>• West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 21, 22</li> <li>• Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• West Virginia Division of Corrections and Rehabilitation PREA Office of 2019 PREA Compliance Year in Review Report</li> <li>• 2018 Survey of Sexual Victimization Forms SSV-5 and SSV-IJ</li> <li>• Sam Perdue Juvenile Center PREA Investigation Spreadsheet of allegations over the past twelve (12) months</li> <li>• Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months</li> <li>• Facility Goals for fiscal year 2019</li> </ul> <p data-bbox="321 905 464 936"><b>Interviews:</b></p> <ul data-bbox="363 972 740 1119" style="list-style-type: none"> <li>• Director of PREA Compliance</li> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility Compliance Manager</li> </ul> <p data-bbox="321 1192 1430 1535">The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 21 and 22, Section 12 Data Collection and Review requires the Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected. The review findings, recommendations for improvement and corrective action shall be documented. The facility PREA Compliance Manager be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-onoffender sexual misconduct that occurs within their facility. Incident-based data reports shall be generated each month.</p> <p data-bbox="321 1581 1430 1843">The data collected shall include at a minimum: 1. The total number of allegations, 2. Investigation number and the disposition; 3. The DCR shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; 4. The DCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. 5. The incident-based data collected shall include, at a minimum, the data necessary to complete the Survey of Sexual Violence conducted by the Department of Justice.</p>

The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.

The agency produced the DOJ 2018 Survey of Sexual Victimization Forms SSV-5 and SSV-IJ as their standardized instrument and set of definitions. The agency PREA Coordinator also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its juveniles.

**Interview Results:**

- The Director of PREA Compliance, PREA Coordinator, facility Superintendent, facility PREA Compliance Manager confirmed the process along with the instruments used for collecting, maintaining, reviewing the data. The 2017-2019 PREA Annual Reports were made available by the agency and are located on the website. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.388 Data review for corrective action**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion****Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 22
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- West Virginia Division of Corrections and Rehabilitation PREA Office of 2019 PREA Compliance Year in Review Report
- 2018 Survey of Sexual Victimization Forms SSV-5 and SSV-IJ
- Sam Perdue Juvenile Center PREA Investigation Spreadsheet of allegations over the past twelve (12) months
- Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months
- Facility Goals for fiscal year 2019

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Compliance Manager

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 21 and 22, Section 12 Data Collection and Review requires the DCR shall use the data to: 1. Identify areas of concern, 2. Determine corrective action on an ongoing basis, 3. Assess and improve the effectiveness of the agencies sexual abuse prevention, detection, and response policies, practices, and training, 4. Create an annual report of findings and corrective actions for each facility and OCR. All Sexual abuse data shall be securely retained for at least 10 years after the date of the initial collection.

The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

**Interview Results:**

- The Agency Level Designee- Deputy Commissioner, Director of PREA Compliance, PREA Coordinator, facility Compliance Manager reviews data collected and aggregates their findings pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, and training, including addressing problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 22
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- West Virginia Division of Corrections and Rehabilitation PREA Office of 2019 PREA Compliance Year in Review Report
- 2018 Survey of Sexual Victimization Forms SSV-5 and SSV-IJ
- Sam Perdue Juvenile Center PREA Investigation Spreadsheet of allegations over the past twelve (12) months
- Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months
- Facility Goals for fiscal year 2019

**Interviews:**

- Agency Level Designee- Deputy Commissioner
- Director of PREA Compliance
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, page 22, the agency ensures data collected pursuant to 115.387 are securely retained. The DCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. The DCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. All sexual abuse data shall be securely retained for at least 10 years after the date of the initial collection.

**Interview results:**

- Interviews with the Agency Level Designee- Deputy Commissioner, Director of PREA Compliance, PREA Coordinator, facility Compliance Manager confirmed the agency and facility comply with elements of the standard.



**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**Supporting Documents, Interviews and Observations:**

- West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Pages 22, 23
- Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- West Virginia Division of Corrections and Rehabilitation PREA Office of 2019 PREA Compliance Year in Review Report
- 2018 Survey of Sexual Victimization Forms SSV-5 and SSV-IJ
- Agency Website

The review of the West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, pages 22 and 23, section 13, Audits requires A. Upon request for information, the Director of PREA Compliance will be responsible to respond to all external surveys, schedule audits required by the Department of Justice's National PREA Standards and comply with all PREA requirements and ensure that at least one-third of each facility type under the DCR' s control is audited during each year of the three-year audit cycle.

B. The auditor will review and have access to all relevant information listed below: 1. Policies, procedures, reports, internal and external audits, and accreditations for each facility type, 2. A sampling of relevant documents and other records and information for the most recent one-year period, 3. Shall observe, all areas of the audited facilities. 4. Shall be permitted to request and receive copies of any relevant documents (including electronically stored information). 5. Shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations.

Such documentation shall be provided to the Department of Justice upon request. 6. Shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators. 7. Shall review a sampling of any available videotapes and other electronically available data that may be relevant to the provisions being audited. 8. Shall be permitted to conduct private interviews with inmates, residents, and detainees. 9. Shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. All inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

**Interview Results:**

- Interviews with the Director of PREA Compliance and PREA Coordinator and review of the agency website has indicated that the agency has conducted the required PREA Audits each cycle year. The agency has ensured that at least one-third of each type operated by the agency, or by a private organization on behalf of the agency was

audited once.

- This auditor reviewed the West Virginia Division of Corrections web page at <https://dcr.wv.gov/resources/Pages/publications.aspx> and found that it contains the audit reports for PREA audits completed from 2015 through 2019. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency was audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. The Sam Perdue Juvenile Center PREA audits were conducted on August 17, 2015 during the second year of Audit Cycle 1 and May 17, 2017 during the first year of Audit Cycle 2.
- The auditors had access to the entire campus and was able to conduct interviews and was provided with documentation in accordance to the standard. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information. The auditors were permitted to conduct private interviews with residents and staff. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.
- The auditors did not receive any confidential information or correspondence from residents placed at Sam Perdue Juvenile Center. Furthermore, the auditors did not receive any correspondence from agency or facility staff. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.403	<p><b>Audit contents and findings</b></p> <p><b>Auditor Overall Determination: Meets Standard</b></p> <p><b>Auditor Discussion</b></p> <p><b>Supporting Documents, Interviews and Observations:</b></p> <ul style="list-style-type: none"> <li>• West Virginia Division of Corrections and Rehabilitation, Prison Rape Elimination Act (PREA) Policy number 430.00 dated September 15, 2019, Page 22</li> <li>• Sam Perdue Juvenile Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• West Virginia Division of Corrections and Rehabilitation PREA Office of 2019 PREA Compliance Year in Review Report</li> <li>• 2018 Survey of Sexual Victimization Forms SSV-5 and SSV-IJ</li> <li>• Agency Website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of PREA Compliance</li> <li>• PREA Coordinator</li> </ul> <p><b>Interview Results:</b></p> <p>Interviews with Director of PREA Compliance and PREA Coordinator and by review of the agency's website indicated that the agency has made publicly available all PREA audits as required by standard. This auditor reviewed the West Virginia Division of Corrections web page at <a href="https://dcr.wv.gov/resources/Pages/publications.aspx">https://dcr.wv.gov/resources/Pages/publications.aspx</a> and containing the two (2) PREA Final Reports that was audited for the previous audit cycle years (2015-2019) and published within 90 days after the final report was issued by the auditor. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.</p>
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**Appendix: Provision Findings**

<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

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)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

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

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

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

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

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes

<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes



115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

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

<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	<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

115.334 (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

115.334 (c)	<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.)	no

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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

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

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



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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	<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

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

<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

115.366 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	<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

115.367 (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

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

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

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

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

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

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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes



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

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

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

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

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

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes