

PREA Facility Audit Report: Final

Name of Facility: Lorrie Yeager Juvenile Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/14/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 03/14/2021

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	01/25/2021
End Date of On-Site Audit:	01/26/2021

FACILITY INFORMATION	
Facility name:	Lorrie Yeager Juvenile Center
Facility physical address:	907 Mission Drive, Parkersburg, West Virginia - 26101
Facility Phone	
Facility mailing address:	

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

Superintendent/Director/Administrator	
Name:	Travis White
Email Address:	Travis.L.White@wv.gov
Telephone Number:	304-420-4860

Facility PREA Compliance Manager	
Name:	Christina Rine
Email Address:	christina.m.rine@wv.gov
Telephone Number:	M: (304) 420-4860

Facility Health Service Administrator On-Site	
Name:	Jessica Tabler
Email Address:	jessica.a.tabler@wv.gov
Telephone Number:	304-420-4860

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	29
Average daily population for the past 12 months:	25
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-20
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with residents:	42
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	13
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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

Agency Chief Executive Officer Information:	
Name:	Betsy Jividen
Email Address:	Betsy.Jividen@wv.gov
Telephone Number:	304-558-6032

Agency-Wide PREA Coordinator Information			
Name:	Tim Harper	Email Address:	Timothy.V.Harper@wv.gov

AUDIT FINDINGS

Narrative:

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

Introduction

The Prison Rape Elimination Act (PREA) audit onsite phase for Lorrie Yeager Juvenile Center was conducted January 25 - 26, 2021. Lorrie Yeager Juvenile Centers is located at 907 Mission Drive, Parkersburg, WV, 26101. The audit was conducted by Mable P. Wheeler from Macon, Georgia, who is a U. S. Department of Justice Certified PREA auditor for adults and juvenile facilities. The audit was assigned to Diversified Correctional Services, LLC as part of a contractual agreement with WV Division of Corrections and Rehabilitation. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited May 17, 2017, with 100% compliance with the PREA Standards.

Mission:

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

Audit Methodology

Pre-Onsite Audit Phase

Prior to the onsite visit, the auditor contacted the PREA Compliance Manager to discuss the audit process and to set a tentative daily agenda and schedule for the onsite audit. The auditor requested the following information be provided the first day of the audit: daily population report, staff roster to include all departments; resident roster by housing unit; listing of staff who perform risk assessments, list of medical staff; list of contractors and volunteers available during the audit; list of residents with a PREA classification (identified through risk screening); list of lesbian, gay, bisexual, transgender, and intersex residents; list of disabled (deaf, hard of hearing, blind, low vision, low cognitive skills) residents, list of limited English proficient, residents, list of allegations with investigation outcomes etc. This information was utilized to establish the interview schedules for the selection of residents and staff to be interviewed; random and specialized interviews; due to Covid concerns, some specialized interviews were conducted January 12-13, 2021 via Zoom. All interviews were conducted in privacy.

Notice of Audit Posting and Timeline

The audit notice was posted December 5, 2020. Scheduling of audit had been revisited a couple of times due to COVID 19 related issues. The audit notice was posted in English and Spanish on colorful paper using a large font. The audit notices were placed throughout the facility, in places visible to all Residents, staff and visitors. Confirmation of revised audit notices was emailed to the auditor on December 5, 2020. Further verification of their placement was made through observations during the onsite review and conversations with residents. The audit notices included a statement regarding

confidentiality of resident and staff correspondence with the auditor. No correspondences were received during the phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

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

Requests of Facility Lists

Lorrie Yeager Juvenile Center provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided upon request.
Residents with physical disabilities	0
Residents with cognitive disabilities	1
Residents who are Limited English Proficient	0
Lesbian, Gay and Bisexual Residents	1
Transgender or Intersex Residents	0
Resident in segregated housing	None were identified
Residents in isolation	None were identified
Residents who reported sexual abuse	4
Residents who reported prior sexual abuse	1
Residents who reported sexual victimization during risk screening	1
Complete Staff Roster	The staff roster and schedule were provided upon arrival to the facility.
Specialized Staff	Specialized staff were identified on the roster.
All contractors who have contact with the Residents	1
All volunteer who have contact with the Residents	0
All grievances of sexual abuse and sexual harassment made in the 12 months preceding the audit	0
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	11 (January 2020 - January 2021)
Detailed list of the number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	4 Y/Y Abuse 7 Y/Y Harassment 0 S/Y Abuse 0 S/Y Harassment

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reported no information for the preceding 12 months.
Community Based Organizations (CBO's)	WVFRIS Hotline 800.794.2335
West Virginia Child Abuse Hotline	Hotline 855.352.6513
BJJ Abuse Hotline	Hotline 855.366.0015

Onsite Audit Phase

Entrance briefing

On January 25, 2021 the entrance briefing was held with the Agency Director of PREA Compliance, Tim Harper; Superintendent, Travis White; Case Manager (PREA Compliance Manager), Christina Rine; Health Care Administrator, Jessica Tabler; and Chief of Security, Jacob Lowe and Certified Auditor, Mable P. Wheeler. Introductions were made and the agenda for the onsite visit was discussed.

The auditor conducted the site review accompanied by the Superintendent, PREA Compliance Manager and the Chief of Security. After the site review, the auditor conducted random staff and all resident interviews, interviews were voluntary and conducted in private. Due to ongoing concerns for COVID 19 there remains a concern to limit non staff visitors to the facility. Specialized staff were interviewed virtually on January 12-13 2021, with the assurance that each interview was confidential and private.

Site review

The auditor had access to, and observed, all areas of the facility. The facility consists of one (1) building which includes a two (2) tier resident housing unit. Twenty-four (24) single bed rooms four (4) multiple occupancy rooms, zero (0) open bay dorm housing unit, and two (2) segregation/isolation cells. The facility designated capacity is twenty-four (24). Population was nineteen (19) on the day of onsite visit. The facility houses male and female residents. Direct staff supervision is provided; males and females are housed on separate tiers, or within designated sections, depending upon population count. Each room consist of toilet and sink, single showers with a door that locks from the outside. This allows for an individual to exit shower but no one can enter without staff supervision. The facility has a video monitoring system, responsible for security surveillance; mirrors are also strategical places throughout the facility to provide additional security.

Processes and areas observed

The Auditor was not able to observe the intake process due to COVID 19 concerns and limited movement statewide. Grievance boxes are located in the housing unit dayrooms. Grievance forms and writing utensils are available upon request.

The staff conducting the site review and auditor's discussion with residents verified the privacy for showering, using toilet and changing clothes. Auditor was able to observe the locations of the video monitoring cameras. PREA posters with telephone numbers for reporting sexual abuse and sexual

harassment are prominently placed in the housing units and common area. The auditor informally asked residents about basic PREA facts during visit to housing units.

Specific area observations

The auditor observed the toilet and shower areas; toilets and sinks are located in each living unit, showers with doors that require staff to unlock for entrance. Residents must be dressed before coming out of shower area. Resident rooms are single and multiple occupancy. The auditor observed staff actively supervising the residents.

Exit briefing

An exit briefing was held on January 26, 2021 with the Agency Director of PREA Compliance; Superintendent; PREA Compliance Manager; Health Services Administrator; and Chief of Security to discuss audit findings.

Interviews Logistics

Location and Privacy

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

Selection Process

Twelve (12) direct care staff were interviewed using the random staff interview protocol. Five (5) random residents were interviewed using the resident interview questionnaire. There were eight (8) residents identified for targeted interviews; one (1) resident with Cognitive Disabilities and zero (0) Resident with Physical Disabilities; zero (0) resident who was Limited English Proficient; zero (0) resident identified as transgender, one (1) resident identified as gay/bisexual; one (1) resident who disclosed prior sexual victimization during risk screening; and four (4) residents who reported sexual abuse; one (1) resident who reported prior sexual abuse; and zero (0) resident in segregated housing.

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head Designee (Director of PREA Compliance)	1
Agency PREA Coordinator	1
Superintendent	1
PREA Compliance Manager	1
Specialized Staff	
Medical Staff	1

Mental Health Staff	1
Human Resources Staff	1
Agency Contract Administrator (Designee)	1
Intermediate of High-level Facility Staff (Unannounced Rounds)	1
Investigative Staff WV State Policy	1
Staff who Perform Screening for Risk Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation	NA
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security First Responders	1
Non-Security First Responders	0
Intake Staff	1
Random Sample of Staff	
First Shift	7
Second Shift	5
Total Random Sample of Staff	12
Volunteers, Contractors who have Contact with Residents	
Volunteers	0
Contractors	1
Residents	
Random Sample of Residents from all housing units	5
Targeted Resident Interviews	
Residents who Reported Sexual Abuse	4
Residents with Cognitive Disabilities	1

Residents with Physical Disabilities	0
Limited English Proficient Residents	0
Gay, Lesbian and Bisexual Residents	1
Transgendered and Intersex Residents	0
Residents who Disclosed Prior Sexual Victimization	1
Residents who Disclosed Prior Sexual Victimization During Risk Screening	1
Resident in segregated housing	NA
Resident in isolation	NA
Interview Totals	
Total Number of Staff Interviews	26
Total Number of Resident Interviews	13
Total Number of Interviews	39

Type of Records	Total Records Reviewed
Personnel Records/Documents	15
Volunteer and Contractors Files/Documents	2
Training Files/Documents/Records	42
Resident Files Documents	19
Medical/Mental Health Records and Documentation for Victims	0
Grievance Forms (Sexual Abuse and Sexual Harassment)	0
All Incidents Reports (Sexual Abuse and Sexual Harassment)	11
Investigation Records	11

Resident-on Resident Sexual Victimization	Substantiated	Unsubstantiated	Unfounded	Pending	Not PREA Related
Sexual Abuse	2	0	2	0	0
Sexual Harassment	4	3	0	0	0
Staff-on-Resident Sexual Abuse	Substantiated	Unsubstantiated	Unfounded	Pending	Not PREA Related
Staff Sexual Abuse	0	0	0	0	0
Staff Sexual Harassment	0	0	0	0	0

AUDIT FINDINGS

Facility Characteristics:

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

Characteristics Related to PREA and Sexual Safety

Introduction	
Parent Agency	West Virginia Division of Corrections and Rehabilitation
Facility Name	Lorrie Yeager Juvenile Center
Facility Address	907 Mission Drive, Parkersburg, WV 26101
Total Facility Capacity	24
Resident Population Size and Makeup	
Average daily population in the last 12 months	25
Actual population on day 1 of the onsite portion of the audit	19
Population Gender	Male and Female
Population Ethnicity	Multiethnic
Length of Stay	99.13 days
Staff Size and Makeup	
Number of staff	42
Types of Supervision Practiced	Medium
Number of Volunteers who may have contact with residents	1
Number of Contractors who may have contact with residents	13
Number of Interns who may have contact with residents	0
Number and Type of Housing Units	

Number of single occupancy cells	24
Number of multiple occupancy cells	4
Number of open bay dorms	0
Number of segregations/isolation units	2
Number of medical units	1
Type of supervision (direct or indirect)	Direct
Video Monitoring	Yes

Facility Operations

Physical Plant Description

The Lorrie Yeager Juvenile Detention Center is located within a residential area at 907 Mission Drive, in Parkersburg, West Virginia. Parkersburg is the county seat of Wood County, West Virginia. It is the state's third-largest city and the largest city in the Parkersburg-Marietta-Vienna Metropolitan Statistical Area. The population was 31,492 according to the 2010 census.

The facility has a rated bed capacity of twenty-five (25) beds, with a current population listed at the time of the on-site portion of the audit of nineteen (19) residents. The average resident daily population was approximately twenty-five (25) residents. The facility consists of a two (2) tier housing unit, a system is in place to maintain separation between male and female residents. Staff provides direct supervision.

The Lorrie Yeager Jr. Juvenile Detention Center provides several facility programming elements, which includes, but is not limited to the following: Medical services, mental health services, assessments and counseling, voluntary religious services, library services, recreational participation, group activities, and educational services. The education program is operated by the West Virginia State Department of Education through the Office of Institutional Education. The educational program provides the residents with an opportunity to learn both traditional and basic life skills educational components. In addition, educational assessment, classification and counseling services are available to the residents.

Medical services include onsite medical services as needed, initial health screening, and a physical examination if needed. Sick call is held at least once per day. Prescribed medications and treatment as well as referral follow-up and outside medical care is available as needed. Mental health services include a screening and intake evaluation, individual counseling and treatment, and psychological evaluations on an as needed basis. Religious services and programs are provided by community volunteers. The facility offers a variety of indoor and outdoor recreational activities.

The Lorrie Yeager Juvenile Center resident handbook, dated January 2020, includes a specific section on the Prison Rape Elimination Act. The juvenile orientation program utilizes what the agency calls, R.E.S.P.E.C.T., which stands for Reduction, Education, Safety, Planning, Elimination, Compliance, and Treatment. The introduction of the program states, "The Division of Juvenile Services is committed to your safety and the safety of staff. You have the right to serve your sentence with dignity and free from sexual abuse, sexual harassment, and retaliation. The Division of Juvenile Services has zero tolerance regarding sexual abuse and sexual harassment within its facilities. This means we do not tolerate any

level of sexual harassment, misconduct, or assault in the facilities. Every effort will be made to prevent sexual abuse and harassment from occurring, every allegation will be investigated, every perpetrator punished, and every victim offered services". The resident handbook also specifically lists the following reporting options for all residents:

Any staff member

Facility Prison Rape Elimination Act Compliance Manager

Request to see the nurse or counselor

Locked facility Prison Rape Elimination Act Box

Grievance Box at facility

West Virginia State Troopers at (304) 558-7777

Child Abuse Hot Line at 1-800-352-6513

Division of Juvenile Services Sexual Abuse toll-free hotline at 1-855-366-0015

Division of Juvenile Services Website at www.wvdjs.state.wv.us

West Virginia Supreme Court Juvenile Commission via United States mail utilizing available pre-addressed envelopes provided at the facility with postage pre-paid

Report to anyone you trust, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be 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.

See your Counselor to call the Division of Juvenile Services hotline at 1-855-366-0015; emailing at

DJSPREACoordinator@wv.gov or visiting www.wvdjs.state.wv.us.

The auditor conducted a thorough facility-wide audit. There were eleven (11) sexual assault and sexual abuse harassment allegations cases reported during the past 12 month period from January 2020 to January 2021. Four (4) allegations of Youth on Youth Sexual Abuse and seven (7) Youth on Youth Sexual Harassment; two (2) substantiated Sexual Abuse, two (2) unfounded Sexual Abuse; three (3) substantiated Sexual Harassment and three (3) unsubstantiated Sexual Harassment.

The design and location of the facility is within an active residential neighborhood in Parkersburg, West Virginia. The facility appeared to blend in with the surrounding homes and neighborhood. The facility has several experienced staff that have served together for many years creating a good working relationship in fulfilling the overall mission of the Lorrie Yeager Juvenile Center. The agency and facility staff were very helpful throughout the audit process. The auditor was impressed with the level of detail in the resident handbook that specifically includes a section on the Prison Rape Elimination Act along with different contact information. Overall, the auditor was impressed with the facility and staff.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Inspector General Table of Organization</p> <p>Lorrie Yeager Juvenile Center Organization Chart</p> <p>Policy and Procedure #3010; Subject - Code of Conduct</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) WV & LYJC Organizational Chart</p> <p>Interviews:</p> <p>Director of Office of PREA Compliance</p> <p>Agency's PREA Compliance Manager Interview with Correctional Trainer</p> <p>Policy # 430.00, pages 2 – 4 include definitions: Contractors, Director of PREA Compliance, Exigent Circumstances, Gender Nonconforming, Intersex, Juvenile, Juvenile Facility, LGBTI, Medical Practitioner, Mental Health Practitioner, Offender, Office of PREA Compliance, PREA Coordinator, Preponderance of the Evidence, Sexual Abuse, Sexual Harassment, Staff, Staff Sexual Misconduct, Substantiated Allegation, Transgender, Unfounded Allegation, Unannounced Rounds, Unsubstantiated Allegation, Victim, and Volunteer.</p> <p>Policy # 430.00, page 4 A states: DCR has zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment. Sexual activity between staff and offenders, volunteers or contract personnel and offenders, and offender and offender, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions up to and including dismissal and prosecution pursuant to West Virginia Code and DCR Policy and procedure.</p> <p>Policy # 430.00, page 4 B states: The DCR Director of PREA Compliance along with DCR PREA Coordinators and designated support staff shall make up the Office of PREA Compliance and will have sufficient time and authority to develop, implement, coordinate and oversee DCR efforts to comply with the PREA standards in all facilities.</p> <p>Policy # 430.00, page 4 B states: Each facility Superintendent within DCR shall designate a PREA Compliance Manager, who will be the second highest ranking person. Those serving as PREA Compliance Managers within the Bureau of Juvenile Services upon the effective date of this policy will remain in effect at the discretion of the Director of PREA Compliance.</p> <p>Policy # 430.00, in its entirety, addresses the agency’s approach to ensure prevention, detection and responding to sexual abuse and sexual harassment. The policy is detailed and straight forward on:</p> <p>I. Prevention Planning</p>

- II. Supervision and Monitoring
- III. Staff Training
- IV. Offender Education
- V. Screening for Risk of Sexual Victimization and Abusiveness
- VI. Reporting
- VII. Official Response
- VIII. Investigations
- IX. Staff Discipline
- X. Offender Discipline
- XI. Medical and Mental Health
- XII. Data Collection and Review
- XIII. Audits
- XIV. Pertains Only to Juvenile Facilities

PREA Standard § 115.11 mandates that each facility designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The Superintendent for the Lorrie Yeager Juvenile Center has designated Christina Rine as the PREA Compliance Manager for the facility.

Comments:

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

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews:</p> <p>West Virginia Division of Corrections and Rehabilitation, Commissioner</p> <p>West Virginia Division of Corrections and Rehabilitation, Assistant Commissioner</p> <p>On or after August 20, 2012 or since the last PREA audit, whichever is later:</p> <p>The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 2</p> <p>The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0</p> <p>On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of contracts that DO NOT require the agency to monitor contractor's compliance with PREA standards: 2</p> <p>Policy # 430.00, page 5 C states: Any new contract or contract renewal for the confinement of offenders shall include an obligation to:</p> <ol style="list-style-type: none"> 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. <p>Comments:</p> <p>The Agency reports that it has entered into or renewed two contracts for the confinement of residents since their last PREA audit. Currently the Agency contracts with Ronald Mulholland and The County Commission of McDowell County for the confinement of youthful offenders. Contracts were provided by the Agency for review.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) 2020 Lorrie Yeager Juvenile Center Staffing Plan</p> <p>2020 PREA Staffing Review Post Assignment Roster Position List</p> <p>Samples of Supervisor’s Checklist – 2019- 2020 – Unannounced Rounds</p> <p>Interviews:</p> <p>Superintendent</p> <p>Director of Office of PREA Compliance</p> <p>PREA Compliance Manager</p> <p>Site Review:</p> <p>PREA Posters were observed throughout facility.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later:</p> <p>The average daily number of residents: 24</p> <p>The average daily number of residents on which the staffing plan was predicated: 24</p> <p>Policy # 430.00, page 5 A states: DCR shall ensure that each of its facilities develops, documents and makes its best efforts to comply with the PREA staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol style="list-style-type: none"> 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 residents 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.

Policy # 430.00, page 5 B states: In circumstances where the staffing plan is not complied with, the Facility PREA Compliance Manager or designee shall document the noncompliance, in writing, and justify all deviations from the plan. This documentation will be forwarded to the Facility Superintendent, appropriate Assistant Commissioner and the Office of PREA Compliance.

Policy # 430.00, page 5 C states: Whenever necessary, but no less frequently than once a year, the Facility PREA Compliance Manager from each facility, in consultation with the Office of PREA Compliance, shall assess, determine and document whether adjustments are needed to:

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.

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

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

Comments:

There have been no deviations from the staffing plan in the last twelve months. The facility ensures that all shifts are staffed at all times. This was confirmed through an interview with the Superintendent. During the resident's waking hours the facility maintains a 1:8 ratio and during the resident's sleeping hours the facility maintains a 1:16 ratio.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Policy Directive #411.00; Subject: Gender Nonconforming Residents</p> <p>Policy and Procedure #17004; Subject: Strip Search of Residents Policy Directive #111; Subject – Training and Employee Development Training Curriculum Staff Training Logs</p> <p>Interviews:</p> <p>Staff</p> <p>Residents</p> <p>Site Review</p> <p>In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0</p> <p>The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0</p> <p>In the past 12 months: The number of pat-down searches of female residents conducted by male staff: 0</p> <p>The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances: 0</p> <p>Percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%</p> <p>Policy # 430.00, page 6 G states: Staff shall not conduct cross gender pat-down, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with current Policy. All exigent cross-gender searches will be documented via incident report. For a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. If these searches occur, they shall be documented.</p> <p>Policy # 430.00, page 6 H states: Residents shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well.</p>

Policy # 430.00, page 6 I states: Staff shall announce their presence every time they enters offender's housing unit of the opposite gender to indicate that there will be someone of the opposite gender on the unit.

Policy # 430.00, page 6 J states: Facilities shall not search or physically examine a transgender or intersex offender for the sole purpose of determining genital status. If unknown, staff should attempt to determine the genital status through conversations with the offender or by reviewing medical records.

Policy # 430.00, page 6 K states: Staff shall be trained to conduct pat searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security.

Policy Directive 411, page 3, III B states: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Policy Directive 411, page 3, III F states: Facilities shall make all attempts to take into consideration residents/resident preference when assigning staff members to perform strip searches. In exigent circumstances, cross gender searches may occur.

Policy 17006, page 3, Procedure B states: A transgender residents shall not be strip searched randomly or as a form of harassment. All pat-downs and strip searches shall be conducted in accordance with policy 17004 "Strip Search Procedures" and 13015 "Pat-Down Searches". At no time will an officer pat-down or strip search a resident to determine the resident's sex and/or anatomy. If the resident's anatomy is unknown, it may be determined by conversations with the residents or by reviewing medical records.

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

- A. The zero-tolerance policy for sexual abuse and sexual harassment;
- B. How to fulfill their responsibilities under the WVDCR's sexual misconduct prevention, detection, reporting, and response policies and procedures;
- C. Residents/residents right to be free from sexual abuse and sexual harassment, and the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- D. The dynamics of sexual abuse and sexual harassment in confinement;
- E. The common reactions of sexual abuse and sexual harassment victims;
- F. How to detect and respond to signs of threatened and actual sexual abuse;
- G. How to avoid inappropriate relationships with residents;
- H. How to communicate effectively and professionally with everyone, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons;
- I. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

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

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

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

Comments:

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

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

developmental disabilities knew about PREA and was able to answer related questions. There were no available residents to interview who had limited English proficiency during the onsite portion of the audit.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Policy and Procedure #3005; Subject - Pre-Employment Application, Personnel Files of Staff, Criminal Background Checks, Personnel Files of background checks of contractors/volunteers, Personnel Files of Staff re: five-year background records checks</p> <p>Interview:</p> <p>Human Resources Manager</p> <p>In the past 12 months: The number of persons hired who may have contact with residents who have had criminal background record checks: 8</p> <p>The percent of person hired who may have contact with residents who have had criminal background record checks: 100%</p> <p>In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 4</p> <p>The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%</p> <p>A review of Interview questions showed the following:</p> <ul style="list-style-type: none"> • What will you do if you see a co-worker breaking the rules or regulations? • If you see a co-worker making inappropriate comments or behavior in a sexual manner to an residents, what would you do? • Have you ever engaged in sexual abuse or sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? • Have you ever been criminally convicted of engaging or attempting to engage in coerced or forced sexual activity, including any type of sexual misconduct or sexual harassment? • Have you ever been civilly or administratively found liable for engaging in coerced or forced sexual activity, including any type of sexual misconduct or sexual harassment? <p>Policy # 430.00, page 7 states: All individuals who may have contact with residents will be asked to disclose previous misconduct during interviews for hiring, promoting or as part of reviews of current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct. DCR shall not hire, promote or enlist the services of any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or</p>

coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activity. The DCR shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy # 430.00, page 7 P states: A background investigation will be completed before hiring or promoting employees, enlisting the services of contractors, interns or volunteers. The DCR shall conduct criminal background checks of all employees, volunteers, interns and contractors every four years.

Policy # 430.00, page 7 Q states: Consistent with Federal, State, and local law, the DCR must make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Unless prohibited by law or policy, the DCR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer from whom the employee has applied to work.

Comments:

Files for staff, contractors and volunteers were reviewed for compliance of this standard. All files reviewed had up-to-date criminal history checks. By utilizing pre-hire criminal background checks, reviewing the questionnaire (noted above), on-going criminal background checks, and human resource standards, it appears that facility met all policy requirements when making hiring or promotion decisions. This is also true for contractors and volunteers. The Office of PREA Compliance requires criminal history checks every five (5) years. Human Resource staff states that if they receive a request from a potential employer for a former employee, they would be able to answer the question "Would you rehire this individual".

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

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), PREA Checklist Medical - PREA Checklist FPCO - PREA Checklist, West Virginia State Police Service Agreement, MOU Children’s Listening Place Children’s Advocacy Center (CAC) and FRIS</p> <p>Interviews:</p> <p>Staff</p> <p>SANE provider</p> <p>PREA Compliance Manager</p> <p>Health Services Administrator</p> <p>In the past 12 months: The number of forensic medical exams conducted: 0 The number of exams performed by SANEs/SAFEs: 0</p> <p>The number of exams performed by a qualified medical practitioner: 0</p> <p>Policy # 430.00, page 16 - 17 F states: Administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The protocol shall be adapted from OJ:'. Otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>Policy # 430.00, page 17 I states: As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.</p> <p>Policy # 430.00, page 17 E states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress.</p> <p>Policy # 430.00, page 20 B states: Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their</p>

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.

Policy # 430.00, page 20 C states: The facility will use the list of local hospitals that employ a SANE (Sexual Assault Nurse Examiner), to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam must be documented. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Policy # 430.00, page 20 D states: The DCR shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DCR shall provide a qualified staff member to provide these services. Agencies shall document efforts to secure services from rape crisis centers. If requested by the victim, a victim advocate, qualified DCR staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the DCR itself is not responsible for investigating allegations of sexual abuse; the DCR shall request that the investigating agency follow the requirements within policy.

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

Comments:

The facility investigators only complete administrative investigations. Criminal Investigations are completed by the West Virginia State Police. The written agreement between the agency and the WV State Police is for the purpose of responding, investigating and if needed legally charge sexual assault/rape perpetrators for incidents that occur while incarcerated at any of the West Virginia Regional Facilities. Partnership will commence on any date set forth and will be managed and maintained in compliance with PREA Standards.

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

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

The PREA Checklists were concise and well maintained.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>In the past 12 months:</p> <p>The number of allegations of sexual abuse and sexual harassment that were received: 11</p> <p>The number of allegations resulting in an administrative investigation: 11</p> <p>The number of allegations referred for criminal investigation: 0</p> <p>Policy # 430.00, page 16 A states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <ol style="list-style-type: none"> 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. <p>Policy # 430.00, page 16 E states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update Office of PREA Compliance throughout the investigative progress.</p>

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

Comments:

All PREA allegations are filtered through the PREA Compliance Manager. She then forwards report to the investigator and Office of PREA Compliance. All allegations are investigated. If an allegation meets the level of a criminal action, the investigation is sent to the West Virginia State Police.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Material Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Policy Directive #111; Subject: Training and Employee Development, Training Curriculum - Cross Gender Viewing/Searches, Curriculum / Lesson Plan - Prison Rape Elimination Act for Employees and Contract Staff PREA Training Orientation – Handout, Review of Staff Training Records</p> <p>Interviews:</p> <p>Random Staff</p> <p>The PREA Lesson Plan Performance Objectives include: Defining Zero Tolerance Policy and key definitions; Learn about residents’ right to be free of abuse, harassment and retaliation; Defining your responsibilities under the policy; Understand announcements and searches; List which residents are particularly vulnerable to abuse; Understand the common reactions to sexual abuse; Learn how to detect signs of threatened and actual sexual abuse; Define First Responder duties; Explain how to handle disclosures; Explain how to complete an incident report; Explain false reports and how to handle them; Learn how to communicate professionally and respectfully with residents, including LGBTI residents; and Define how to avoid inappropriate relationships.</p> <p>The PREA Orientation Handout includes PREA Basics Policy; Relevant Laws; Zero-Tolerance Policy; Definitions;</p> <p>Residents-on-Residents Sexual Abuse; Staff-on-Residents Sexual Abuse; Staff Sexual Misconduct; Your Responsibilities (Prevention & Detection, Reporting); Residents Reporting; Remember: Every Report Counts; Announcement Policy (when entering housing unit of the opposite gender); Search Policy; Cross-Gender Searches Policy; Notes on Cross Gender Searches; Searches of Transgender Residents; Dynamics of Sexual Abuse in Confinement Settings; Vulnerable Populations; What Does Sexual Abuse Look Like?; Common Reactions; Additional Signs to Watch For; Remember; First Responders; Initial Contact with a Victim; First Responder Duties; Investigations; Writing a full Report; Can False Reports Get Filed?; Preserving Reporting Culture; Effective Communications; Responding to Requests; Residents with Limited English; Talking to LGBTI residents; Terms you Shouldn’t Use; The use of Pronouns; Avoiding Inappropriate Relationships; Examples of Inappropriate Behavior; Professionalism Compromised and Wrap-up and Quiz.</p> <p>The Trainer’s Manual is quite lengthy. It goes into great detail in the following areas: PREA Zero-Tolerance Policy, Definitions, Residents-on-Residents Sexual Abuse, Staff-on-Residents Sexual Abuse, Staff Sexual Misconduct, Your Responsibilities: Prevention & Detection, Your Responsibilities: Reporting, Residents Reporting, Remember: Every Report Counts!, Announcement Policy, Search Policy, Cross-Gender Searches Policy, Notes on Cross Gender Searches, Searches of Transgender Residents, Dynamics of Sexual Abuse in Confinement Settings, Vulnerable Populations, What Does Sexual Abuse Look Like?, Common Reactions,</p>

Additional Signs to Watch For, First Responders, Initial Contact with a Victim, First Responder Duties, Investigations, Writing a Full Report, Can False Reports Get Filed?, Preserving Reporting Culture, Effective Communication, Responding to Requests, Talking to LGBT Residents, Residents with Limited English, Terms you Shouldn't Use, The Use of Pronouns, Avoiding Inappropriate Relationships, Examples of Inappropriate Behavior, and Professionalism Compromised

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

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

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

- 1. Sexual contact with an offender is prohibited,
- 2. Offender's right to report if sexual contact occurs,

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

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

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

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

Comments:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Staff Training, Medical, Contractors and Volunteers, PREA Handout for Contractors and Volunteers Lesson Plan for Volunteers and Contractors</p> <p>Interviews:</p> <p>Staff</p> <p>Medical</p> <p>Mental Health</p> <p>The number of volunteers and individual contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 18</p> <p>The percent of volunteers and individual contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse/harassment prevention, detection and response: 100%</p> <p>Policy # 430.00, page 8 A states: A. All employees, contractors, volunteers and interns will receive training regarding DCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire.</p> <p>Policy # 430.00, page 8 C states: Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance.</p> <p>Policy # 430.00, page 8 E states: The DCR shall provide employees with a yearly refresher to ensure that all employees know the DCR' s current sexual harassment policies and procedures. Facilities shall ensure that volunteers and contractors who have contact with residents have been trained on their responsibilities under the DCR's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Comments:</p> <p>Interviews with contractors confirmed they have been trained on DCR's sexual abuse and sexual harassment policies and procedures. Volunteers and Contractors receive the same</p>

training as staff. Review of training records show that they are concise and easy to review. All file reviews showed that training is updated, signatures are present, and training is current.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Policy and Procedure – Residents Intake Procedures</p> <p>Interviews:</p> <p>Staff</p> <p>Residents</p> <p>Intake Staff</p> <p>Site Review</p> <p>Review of Posters</p> <p>Resident Handbook</p> <p>Resident's Files</p> <p>Policy # 430.00, page 9 – 10 A states: During the intake process, residents shall receive educational information explaining, in an age appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to residents individually or in groups. At a minimum, the offender shall receive:</p> <ol style="list-style-type: none"> 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 residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between residents and these 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 residents and these organizations and agencies, in as confidential a manner as possible.

6. Within thirty (30) days of intake, residents shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Residents should sign an acknowledgement of receiving training. If the acknowledgement is electronically signed, it shall be printed and placed in the offender's record. (115.33 (b))

7. It is mandatory that residents attend PREA training. Residents refusing, without good cause, shall be disciplined. The Facility PREA Compliance Manager or designee can make accommodations for residents who have been previously sexually abused or who may have other good cause to find the training too difficult in a group setting.

Policy # 430.00, page 10 H states: When a new offender is received from another DCR facility, staff shall check the offender's Institutional Record for documentation that he or she has previously completed all PREA training. The offender shall be provided a handbook, if needed, and will be given PREA training to the extent that the procedures of the offender's new facility differ from those of the previous facility. If documentation is not found or if they leave custody and return, they shall be provided the required PREA training.

Policy # 430.00, page 6 – 7 M states: Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with residents with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that they understand the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to residents through posters, or other written formats.

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

Comments:

All residents receive PREA information no matter the length of their stay. PREA posters are posted on the walls and Handbooks with PREA information is provided to all youth. The PAQ contained uploaded proof of training with signatures of youth admitted to the facility in the last 12 months. The resident handbook covers all aspects of PREA (pages 33 - 37), provides education on all topics associated with PREA Compliance and their right to be free of sexual abuse and sexual harassment.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Verification of Training of Investigators/Records, NIC Training Certificates, “Miranda, Garrity, PREA, and Such” Training Curriculum, “Interview of Sexual Assault Victims in A Confinement Setting” Training; Developed by: D.L. Rosier, Jr., Former Deputy Director DMAPS Investigation Unit, “PREA – Report Writing” Training; Prepared by D.L. Rosier, Jr., Former Deputy Director, DMAPS Investigation Unit</p> <p>Interview:</p> <p>Investigative Staff</p> <p>Policy # 430.00, page 8 – 9 F states: In addition to the general training provided to all employees pursuant to § 115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigations Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance. This specialized training will include but is not limited to:</p> <ol style="list-style-type: none"> 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. <p>Comments:</p> <p>This facility provided training records for staff. These records include verification of NIC training (PREA: Your Role Responding to Sexual Abuse), (Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations), completion of the “Miranda Rights and Garrity Warning Training”, completion of the “Report Writing – PREA Investigations” and completion of the “Interview of Sexual Assault Victims in a Confinement Setting”.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), NIC Training Certificates for “PREA: Medical and Mental Health Care for Sexual Assault Victims in a Confinement Setting”</p> <p>Interview:</p> <p>Health Services Administrator</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 4</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%</p> <p>Policy # 430.00, page 9 G states: G. In addition to the general training provided by the facility during Orientation, all full- and part-time medical and mental health staff shall receive additional specialized training regarding victims of sexual abuse and sexual harassment. This training will be coordinated and completed by a qualified source. All medical staff must receive this training during orientation, but no later than one (1) month after effective date of hire.</p> <p>Contracted medical staff employed by the DCR will not conduct forensic examinations. This specialized training will include, but is not limited to:</p> <ol style="list-style-type: none"> 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. <p>Comments:</p> <p>The interview with Health Service Administrator, training logs and review of training certificates for medical and mental health staff documented the completion the required training at the facility and through NIC. The training logs and training certificates for Medical and Mental Health Services staff showed completion of required facility training.</p> <p>Medical staff do not complete forensic examinations. All examinations of this type are completed at CAC who also provided an advocate to comfort a youth during the exam, during questioning and thereafter with any needs associated with the assault. WV Division of Corrections and Rehabilitation also has an MOU with FRIS to provide services for victims of sexual abuse.</p>



115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), PREA Screening Instrument – Initial and Reassessment Interviews with Residents</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>PREA Compliance Manager</p> <p>In the past 12 months: The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 164</p> <p>The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%</p> <p>In the past 12 months: The number of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received through intake: 164</p> <p>The percent of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received through intake: 100%</p> <p>Policy # 430.00, page 10 A states: All residents shall be assessed individually and in a private setting during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents prior to housing in general population.</p> <p>Policy # 430.00, page 10 B states: The screening will occur:</p> <ol style="list-style-type: none"> 1. Within 72 hours of intake, 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. <p>Policy # 430.00, page 10 – 11 C states: This shall be accomplished by using an objective</p>

PREA Screening Instrument to gather the following information:

1. Known or perceived gender nonconforming appearance or identifies as lesbian, gay, bisexual, transgender or intersex (LGBTI) and whether the offender may therefore be vulnerable to sexual abuse;
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 residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
9. Whether the offender is detained solely for civil immigration purposes

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

1. Conversations with the residents during the intake process
2. Medical and mental health screenings;
3. During classification assessments;

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

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

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

Comments:

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

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Review of records and documentation of housing assignments of residents at high risk for sexual Victimization (NA)</p> <p>Interview:</p> <p>Superintendent</p> <p>Interview of Residents in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) (NA)</p> <p>The number of residents at risk of sexual victimization who were held in involuntary segregation housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0</p> <p>In the past 12 months, the number of residents at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0</p> <p>Policy # 430.00, page 12 K states: Residents with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than 24 hours while completing the assessment.</p> <p>Policy # 430.00, page 12 L states: If an involuntary segregation housing assignment is made, the facility PREA Compliance Manager shall clearly document the following:</p> <ol style="list-style-type: none"> 1. The basis for the staff member's concern for the offender's safety; 2. The other alternative means of separation that were explored; and 3. The reason why no alternative means of separation can be arranged. <p>Policy # 430.00, page 12 – 13 M states: Offenders placed in involuntary segregation for protection from sexual victimization shall have access to programs, privileges and education. Work opportunities shall be afforded to the offender to the extent possible. If limited, the facility must document the reasoning for limiting these opportunities and the duration of the limitation. If no immediate alternatives are identified, the facility may assign residents to involuntary segregation until an alternative means of separation from likely abusers can be arranged.</p> <p>Such assignment shall not ordinarily exceed 30 days, if an extension of involuntary segregation beyond 30 days is necessary, the facility shall clearly document the basis for concern of the offender's safety and why no other alternative means of separation can be</p>

arranged. Any extension beyond 30 days must be approved by the facility Superintendent within 72 hours of being implemented. Any assignment to involuntary segregation must be reported to the Facility PCM within 24 hours. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.

Comments:

The Superintendent reiterated that only under extreme conditions would a residents be placed in involuntary segregation. This assignment would not restrict the residents from activities. If it does become necessary to segregate a youth, the facility would look at other means of lesser restriction, such as moving the residents to another facility.

115.351	Resident reporting
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 518 358">Materials Reviewed:</p> <p data-bbox="252 392 1436 436">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p data-bbox="252 470 383 504">Residents</p> <p data-bbox="252 537 614 571">PREA Compliance Manager</p> <p data-bbox="252 616 414 649">Site Review:</p> <p data-bbox="252 683 438 716">PREA Posters</p> <p data-bbox="252 761 790 795">PREA Poster for Reporting Sexual Abuse</p> <p data-bbox="252 840 526 873">Residents Handbook</p> <p data-bbox="252 907 1476 1456">Policy # 430.00, page 13 A states: Residents shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other residents or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The DCR shall distribute publicly through the DCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.</p> <p data-bbox="252 1489 1476 1825">Policy # 430.00, page 13 B states: All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from residents who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the facility Superintendent and facility PCM. Staff may be subjected to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.</p> <p data-bbox="252 1859 1476 1982">Policy # 430.00, page 13 C states: Staff can privately report information about sexual assault and sexual harassment by submitting a confidential report to the Superintendent, PREA Compliance Manager or the Office of PREA Compliance.</p> <p data-bbox="252 2016 1436 2105">The resident’s handbook has the following information on ways to report sexual abuse and sexual harassment:</p>

Report the information to any one you trust, staff member, facility PREA Compliance Manager, family members, attorneys or outside advocates

- Request to see the onsite medical or mental health provider
- Place a written complaint in the locked PREA Box or grievance box
- Notify outside law enforcement, local, county or state
- Call the WV DHHR child Abuse Hot Line 1-800-352-6513
- Call the Bureau of Juvenile Services sexual abuse hotline 1-855-366-0015
- Email your complaint to dcrprea@wv.gov
- Mail the complaint to DCR Office of PREA Compliance 1409 Greenbrier Street, Charleston WV 25311
- Supreme Court Juvenile Justice Commission via United States Mail (pre-addressed envelopes provided with postage pre-paid)
- You can also visit <https://dcr.wv.gov/aboutus/Pages/prea.aspx>

Comments:

Both staff and residents were able to share the different ways they could report to include privately and anonymously. Staff stated in interviews, if they received a report in any fashion, they were to immediately report and complete an Incident Report.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Residents Handbook, Grievances, Investigations</p> <p>Interviews:</p> <p>Residents who Reported a Sexual Abuse</p> <p>The past 12 months: The number of grievances filed that alleged sexual abuse: 21</p> <p>The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 21</p> <p>The number of grievances alleging sexual abuse that involved extension that final decision was not reached within 90 days: 0</p> <p>The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the residents declined third-party assistance, containing documentation of the residents' decision to decline: 21</p> <p>The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0</p> <p>The number of those grievances that had an initial response within 48 hours: NA</p> <p>In the past 12 months, the number of residents grievances alleging sexual abuse that resulted in disciplinary action by the agency against the residents for having filed the grievance in bad faith: 0</p> <p>The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0</p> <p>Policy # 430.00, page 13 D states: An offender may also report abuse by using the DCR grievance process. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The DCR may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The DCR shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the DCR's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. The agency shall ensure that-</p> <ol style="list-style-type: none"> 1. Any resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and 2. Such grievance is not referred to a staff member who is the subject of the complaint.

Policy # 430.00, page 14 E states: DCR shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

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

Policy # 430.00, page 14 G states: After receiving a PREA emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, it must be forwarded to the Superintendent or designee for immediate action. An initial response will be provided within 48 hours and a final decision shall be within 5 calendar days. The initial response and final DCR decision shall document the DCR's determination whether the offender is in substantial risk of imminent sexual abuse and action taken in response to the emergency grievance.

Policy # 430.00, page 14 H states: Residents may be disciplined for filing a grievance related to alleged sexual abuse only where the DCR demonstrates that the offender filed the grievance in bad faith.

The residents handbook states: If you have been assaulted or witness an assault, or if you are a victim of sexual abuse or witnessed residents-on-residents or staff sexual misconduct report it to any DCR staff, you may fill out a grievance form, write a note, request to see the nurse or counselor; or you may use the Confidential Sexual Abuse Hotline by dialing *9078 on the residents phones. Anonymous letters can be written to the WV Fusion Center at 1900 Kanawha Boulevard, Bldg. 1, West Wing, Suite W-400 Charleston, WV 25305. Attn: RJA. Your family can also report it by sending an e-mail to RJAPREA@WV.GOV.

Comments:

Interviewed staff and residents are aware that there is a grievance process and can report sexual abuse and sexual harassment. In the last 12 months, residents have filed 21 grievances alleging sexual abuse or sexual harassment uploaded and documented per the PAQ. This information is not current due to Covid 19 related delay in audit. Staff related in interviews, grievances filed are investigated in a timely manner. All twenty-one grievances filed were in good faith, no youth was disciplined.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) Handbooks</p> <p>Interviews:</p> <p>Residents</p> <p>Residents who Reported Sexual</p> <p>Site Review</p> <p>Posters for West Virginia Child Abuse and BJS Hotline</p> <p>Posters PREA Zero Tolerance</p> <p>Policy # 430.00, page 9 A states: During the intake process, residents shall receive educational information explaining, in an age appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to residents individually or in groups. At a minimum, the offender shall receive:</p> <p>Information regarding the agencies reporting procedures.</p> <p>Information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.</p> <ol style="list-style-type: none"> 1. The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between residents and these organizations. 2. The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be placed in the offender's record. 3. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. 4. Within thirty (30) days of intake, residents shall receive comprehensive education regarding

their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Residents should sign an acknowledgement of receiving training. If the acknowledgement is electronically signed, it shall be printed and placed in the offender's record.

5. It is mandatory that residents attend PREA training. Residents refusing, without good cause, shall be disciplined. The Facility PREA Compliance Manager or designee can make accommodations for residents who have been previously sexually abused or who may have other good cause to find the training too difficult in a group setting.

Policy # 430.00, page 14 I states: The DCR shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The DCR shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Comments:

The facility maintains a Memoranda of Understanding with a multiple agency group, referred to as FRIS. Originally, there was a separate agreement between each of the three agencies (DOC, Regional Jails and Juveniles). FRIS provides services such as the crisis telephone line, victim advocacy and follow-up referrals. Youth interviewed were aware of the outside reporting service providers. Hotline numbers were posted throughout the facility for the West Virginia Child Abuse Hotline and BJS Abuse Hotline.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), FRIS Website, Residents Handbook</p> <p>The resident’s handbook states: Offenders can be a participant in an investigation in many ways, including being the alleged victim, suspect, reporter, or witness. If you’ve been assaulted or sexual misconduct has occurred, you or anyone else can report in the following ways.</p> <ul style="list-style-type: none"> ➤ Report the information to any one you trust, staff member, facility PREA Compliance Manager, family members, attorneys or outside advocates ➤ Request to see the on-site medical or mental health provider ➤ Place a written complaint in the locked PREA Box or grievance box ➤ Notify outside law enforcement, local, county or state ➤ Call the WV DHHR child Abuse Hot Line 1-800-352-6513 ➤ Call the Bureau of Juvenile Services sexual abuse hotline 1-855-366-0015 ➤ Email your complaint to dcrprea@wv.gov ➤ Mail the complaint to DCR Office of PREA Compliance 1409 Greenbrier Street, Charleston WV 25311 ➤ Supreme Court Juvenile Justice Commission via United States Mail (pre-addressed envelopes provided with postage pre-paid) ➤ You can also visit https://dcr.wv.gov/aboutus/Pages/prea.aspx <p>A search of the West Virginia Division of Corrections and Rehabilitation showed a section for “Reporting Sexual Abuse” it states: If you were the victim of sexual misconduct while in custody in West Virginia, or if you know of a person in custody in West Virginia who was a victim, you may report it to the WV Division of Corrections and Rehabilitation by using the following methods:</p> <ul style="list-style-type: none"> • If you were, or are, in custody at a WV juvenile center or facility, please call 1-855-366-0015. • If you were, or are, in custody at a WV jail facility, you may call (304) 558-2036 and ask for the PREA Coordinator. You may also email dcrprea@wv.gov. • If you were, or are, in custody at a WV prison, you may call (304) 558-2036 and ask for the PREA Coordinator. You may also email dcrprea@wv.gov.

In case of email communications, please include the following:

- Incident that occurred
- Who was the victim?
- Who was the suspect?
- Time and date of sexual abuse
- If requested, your anonymity will be protected.

Policy # 430.00, page 13 A states: Residents shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other residents or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The DCR shall distribute publicly through the DCR website and e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the DCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.

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

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

Comments:

The interviews of residents and staff show that all understand that the West Virginia Fusion Center is another format for self-reporting and third party referrals. The WVDCCR's website is clear on how to report sexual abuse. Resident also have access to CAC and BJS to report sexual abuse.

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



115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), LYJC PQA</p> <p>Interviews:</p> <p>Commissioner</p> <p>Assistant Commissioner</p> <p>Superintendent</p> <p>Staff</p> <p>In the past 12 months, the number of times the agency or facility determined that an residents was subject to substantial risk of imminent sexual abuse: 0</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: N/A</p> <p>The longest amount of time elapsed before taking action: N/A</p> <p>Policy # 430.00, page 14 B states: When facility staff learns that an offender is subject a substantial risk of sexual abuse, the facility shall assess and implement appropriate protective measures and shall take immediate action to protect the offender without unreasonable delay.</p> <p>Comments:</p> <p>All interviews conducted indicated that imminent abuse information is taken seriously, and action would be immediate. Action would/could include housing moves, review of history (including assessment) and any action necessary for the resident's safety. No youth has been at substantial risk of imminent sexual abuse during the last 12 months prior to the audit per the PAQ.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA)</p> <p>Interviews:</p> <p>Commissioner</p> <p>Assistant Commissioner</p> <p>Superintendent</p> <p>In the past 12 months, the number of allegations the facility received that an residents was abused while confined at another facility: 0</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy # 430.00, page 15 C states: Within 72 hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office of where the alleged abuse occurred and shall also notify the Office of PREA Compliance. The Superintendent can contact the other facility via phone before forwarding the report in writing. The facility shall document that it has provided such notification and ensure that the allegation is investigated in accordance with PREA standards.</p> <p>Comments:</p> <p>When information is recieved about an abuse that occurred at another facility, the Superintendent is immediately notified. He inturn will contact the appropriate Superintendent (or Warden) about the information received. This contact will be made telephonically, contact will be documented. The receiving location would initiate an investigation.</p>

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Investigation Files, LYJC PAQ</p> <p>Interviews:</p> <p>Security Staff</p> <p>Health Services Administrator</p> <p>In the past 12 months, the number of allegations that an residents was sexually abused: 0</p> <p>In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0</p> <p>Of the allegations that an residents was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0</p> <p>Policy # 430.00, page 15 D states: Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken</p>

to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the WVDCR coordinated response plan.

Comments:

Policy for first responder duties is inclusive. Staff were able to recite the steps to be taken when an allegation occurs. Most were able to articulate required behavioral restrictions for both participants in the assault. These restrictions enable the preservation of any available evidence after a sexual assault.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), LYJC PAQ, Supervisor Checklist Health Services Checklist, PREA Sexual Abuse Incident Review</p> <p>Interview:</p> <p>Superintendent</p> <p>The WVDCR Coordinated Response Plan is detailed; it covers Purpose, Applicability, Responding to Reported or Observed Sexual Abuse (Allegations of Abuse, Initial Response, Victim, Aggressor, Transportation, Mental Health Response, Follow- up, Counselors and Victim Advocate).</p> <p>The three checklists; Supervisor, Health Services and PREA Sexual Abuse Incident Review are very detailed. All walk through a step by step checkoff system that allows for written details, whether each step was completed, the date and time and initials of the individual completing the list.</p> <p>The PREA Sexual Abuse Incident Review document includes:</p> <ul style="list-style-type: none"> • The date and time of the Review, • Members of the Review Team and their signature, • Victim and Perpetrator, • Recommendations (policy and procedure, improvements regarding Prevention, Detection and <p>Response,</p> <ul style="list-style-type: none"> • The dynamics within the facility; i.e.: Race, Ethnicity, Gender Identity, Lesbian, Gay, Bi-Sexual, Transgender Intersex Identification, Residents Status, Perceived Status, and Gang Affiliation, • Was the dynamics recognized or addressed during the initial screening and classification, • Other group dynamics, • Physical Barriers, • Staffing Levels, • Monitoring Technology, • Were recommendations implemented,

Policy # 430.00, page 15 D states: Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to Incidents of sexual abuse, all first responders are required to follow the DCR coordinated response plan.

Comments:

As noted above, the checklists are inclusive and well done. The facility had eleven (11) allegations during the period of January 2020 through January 2021, PREA Incident Reviews for all allegations of sexual abuse and sexual harassment were reviewed by the auditor.

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

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), LYJC PAQ</p> <p>Interviews:</p> <p>Commissioner</p> <p>Superintendent</p> <p>Designated Staff Member Charged with Monitoring Retaliation</p> <p>Residents Reported a Sexual Abuse</p> <p>The length of time that the agency/facility monitors the conduct or treatment: 90 days</p> <p>The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p>Policy # 430.00, page 15 F states: The DCR shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Policy # 430.00, page 15 G states: The DCR shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse for at least 90 days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by residents 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 residents shall be documented and reported to the Office of PREA Compliance within 24 hours of the reported incident. Any effort to hinder or impede Staff or an offender from reporting an incident or retaliation shall result in disciplinary action.</p> <p>Comments:</p> <p>The Juvenile PREA Coordinator for the State of West Virginia is Retaliation Monitor for the Lorrie Yeager Juvenile Center. She monitors retaliation for youth who have suffered sexual abuse. Based on staff interviews, facility staff are aware that retaliation is not allowed. Staff</p>

are aware that they can be removed from their jobs. It was also stated that any known retaliation would be reported to their Compliance Manager. Interviewed staff related some steps that can be taken to defer retaliation could be housing moves or transfers of the residents to another facility.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) , LYJC PAQ</p> <p>Interviews:</p> <p>Superintendent</p> <p>Random Staff</p> <p>Medical</p> <p>Mental Health</p> <p>The number of Residents who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completions of assessment: 0</p> <p>In the past 12 months, the number of residents who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0</p> <p>A statement of the basis for facility’s concern for the residents’ safety: 0</p> <p>The reason or reasons why alternative means of separation could not be arranged: 0</p> <p>Policy # 430.00, page 12 K states: Residents with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than 24 hours while completing the assessment.</p> <p>Comments:</p> <p>As noted, the use of segregated housing would only be used as a last resort. Preferable action would be housing changes and transfer to another facility. No review of resident's files occurred due to zero occurrences of segregated housing. It should be noted that security staff can be assigned to any location within the facility. There are no staff strategically assigned to a segregation unit.</p>

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Materials Reviewed:

Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), LYJC PAQ Curriculum: “Interview of Sexual Assault Victims in a Confinement Setting”, Curriculum: “Miranda, Garrity, PREA and Such” Curriculum: “PREA Report Writing”, Investigative Files, Administrative Investigation

Interviews:

Superintendent

Director of the Office of PREA Compliance

PREA Coordinator

PREA Compliance Manager Interviews Investigative Staff

Residents who Reported Sexual Abuse

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

Policy # 430.00, page 16 A states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

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. WVSP investigators will conduct investigations on all staff on offender allegations and offender on offender sexual abuse allegations.
4. WVSP 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.

Policy # 430.00, page 17 G states: 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.

Policy # 430.00, page 8 – 9 F states: In addition to the general training provided to all employees pursuant to § 115.31, the DCR shall ensure that, to the extent the DCR itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Corrections Investigations Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be filed in the employee training folder and a copy will be sent to the Office of PREA Compliance. This specialized training will include but is not limited to:

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.

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

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

Policy # 430.00, page 16 B states: Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

conduct that appears to be criminal shall be referred for prosecution.

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

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

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

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

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

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

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

Comments:

A file review of all PREA allegations over the last twelve months showed detailed documentation of evidence (including electronic monitoring), interviews (alleged victim/perpetrator and witnesses) and pertinent data. Documentation was noted by date and time; video copies were attached to the files and copies of reports and allegations. Interviews are tape recorded. The file format was excellent.

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

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

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), LYDC PAQ, Residents Notices of Determination of PREA Allegation, Sexual Abuse Investigations, Review of Residents Files</p> <p>Interviews:</p> <p>Superintendent</p> <p>Investigative Staff</p> <p>Residents who Reported a Sexual Abuse</p> <p>In the past 12 months:</p> <p>The number of criminal and/or administrative investigations of alleged residents sexual abuse that were completed by the agency/facility: 11</p> <p>Of the alleged sexual abuse investigations that were completed, the number of residents who were notified verbally or in writing of the results of the investigation: 11</p> <p>The number of investigations of alleged residents sexual abuse in the facility that were completed by an outside agency: 0</p> <p>The number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0</p> <p>In the past 12 months: The number of notifications to residents that were provided pursuant to this standard: 11</p> <p>The number of those notifications that were documented: 11</p> <p>There has been zero substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against an residents in an agency facility in the past 12 months: 0</p> <p>Policy # 430.00, page 18 L states: Following an investigation into an offender's allegation that he or she suffered sexual abuse, the Facility PCM shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. Information given to the offender shall be documented.</p> <p>Policy # 430.00, page 18 N states: Following an offender's allegation that he or she has been sexually abused by another offender, the DCR shall subsequently inform the alleged victim whenever:</p>

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.

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

Policy # 430.00, page 18 M states: Following a substantiated or unsubstantiated allegation that a staff member has committed sexual abuse against an offender, the facility shall subsequently inform the offender whenever:

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.

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

Comments:

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

Auditor Note: Due to Covid concerns the PREA audit for Lorrie Yeager Juvenile Center was postponed several times. The facility provided updated investigations information to the auditor. LYJC has had eleven (11) allegations during the period from January 2020 through January 2021.

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

115.377	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), LYDC PAQ</p> <p>Interviews:</p> <p>Superintendent</p> <p>Contractor</p> <p>In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0</p> <p>Policy # 430.00, page 18 - 19 B states: Any contractor, volunteer, intern or any individual who conducts business with or uses the resources of the DCR, who engages in, fails to report, or condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action. Retaliatory action against any individual who reports or is involved in a sexual abuse or sexual harassment investigation is strictly prohibited. Any contractor, volunteer, intern or any individual who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>Comments:</p> <p>During the previous twelve (12) months there has been no issue with contractors or volunteers. An interview with a contractor showed that she knew her boundaries and that she could lose her ability to provide services to residents.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) , LYJC PAQ</p> <p>Interviews:</p> <p>Superintendent</p> <p>Medical Staff</p> <p>In the past 12 months:</p> <p>The number of administrative findings of residents-on-residents sexual abuse that have occurred at the facility: 0</p> <p>The number of criminal findings of guilt for residents-on-residents sexual abuse that have occurred at the facility: 0</p> <p>Policy # 430.00, page 19 C states: All sexual contact, whether voluntary or forced, between residents is prohibited and subject to disciplinary action. Any mutual sexual contact between residents is a rule violation but shall not constitute sexual abuse. Residents shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. Offenders may be charged with a facility rule violation even if they are also being charged within the court system. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>Policy # 430.00, page 19 A states: When an offender is found guilty of Misconduct related to sexual abuse and the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending residents to participate in such interventions as a condition of access to programming or other benefits.</p> <p>Policy # 430.00, page 19 B states: A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Comments:</p> <p>There are several ways in which the facility can sanction a residents if found guilty of an</p>

administrative investigation: being locked down, taking good time, taking commissary, and notification to the courts. If the residents has cognitive or mental health problems, a referral is made to their internal mental and/or medical health provider. This is also reviewed during the hearing and appeal process. Those residents who make a report, believing it to be true, does not result in a hearing or sanctions.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), LYJC PAQ, Prime Care Medical, Inc., Medical and Mental Health Informed Consent Forms</p> <p>Interviews:</p> <p>Residents who Disclose Sexual Victimization at Risk Screening</p> <p>Staff Responsible for Risk Screening</p> <p>On-Site</p> <p>Review Medical File</p> <p>In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p> <p>In the past 12 months, the percent of residents who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner: 1</p> <p>Policy # 430.00, page 12 H states: If the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within 14 days of the intake screening.</p> <p>Policy # 430.00, page 19 A states: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior victimization that did not occur in an institutional setting unless the offender is under the age of 18.</p> <p>Comments:</p> <p>Interviews with medical and counseling staff who conducts the victim/aggressor assessments of incoming residents confirmed that each screening asks residents about prior victimization and prior abuse. They all are aware that disclosure must result in a referral to a medical or mental health practitioner within 14 days. Resident can refuse the referral. Interviewed</p>

residents who reported having been victims of previous sexual abuse indicated they were offered mental health services and follow-up. Mental health services are provided onsite for residents housed at Lorrie Yeager Juvenile Canter.

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

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.

Comments:

The facility will transport youth to the hospital for examination after a sexual assault allegation. In cases where the allegation is unsubstantiated or unfounded, the resident is not responsible for any costs related to a sexual assault medical care. Medical staff will provide residents information regarding sexually transmitted infection prophylaxis for both male and female residents and pregnancy test for females at no cost.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Materials Reviewed:

Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) PrimeCare Medical, Inc. / Policy Name: Response to Sexual Abuse; Number: C, J-F-06

Interviews:

Medical Staff

Residents who Reported a Sexual Abuse

PCM policy, page 8, states: Residents abusers are to have a mental health evaluation and offered treatment when deemed appropriate within sixty (60) days of the facility learning that the abuse has occurred. The DOJ agrees that mental health care for victims should be the priority and, accordingly, has provided more detail on the minimum standard of care for victims than for abusers. The standard specifies that evaluation and treatment of sexual abuse victims shall include, as appropriate, for follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in other facilities or their release from custody. The standard further requires facilities provide victims of sexual abuse with medical and mental health services consistent with the community level of care.

Policy # 430.00, page 20 – 21 F states: DCR facilities shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse within any facility. Residents will be offered follow-up medical and mental health services consistent with the community level care as well as access to outside victim advocates for emotional support services related to sexual abuse. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to placement to other facilities or release from custody.

Policy # 430.00, page 20 E states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results from sexually abusive vaginal penetration while incarcerated, such victims shall receive timely and comprehensive information about access to all lawful pregnancy related medical services.

Policy # 430.00, page 20 B states: Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's, if one is not

available, the examination can be performed by other qualified medical practitioners.

Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy # 430.00, page 21 G states: The facility shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Policy # 430.00, page 12 H states: If the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within 14 days of the intake screening.

Comments:

This facility offers both medical and mental health follow-up for any residents who have suffered sexual abuse at any location; including the community. Medical Services includes any medical need. Both are provided at no cost to the residents. Health Services can provide information about continuing care in the community upon release; however, residents state that the counselors provide information about outside agencies throughout the state when requested.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Documentation of Sexual Abuse Incident Team Reviews, Review of Documentation of Completed Criminal or Administrative Investigations of Sexual Abuse</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p>Incident Review Team Members</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 11</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 9</p> <p>Policy # 430.00, page 21 A states: The Office of PREA Compliance, in collaboration with Facility PCM shall conduct a Sexual Abuse Incident Review within 30 days of the conclusion of every sexual abuse investigation where the allegation was substantiated, or unsubstantiated. The review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. No review shall be conducted if the allegation has been determined to be unfounded.</p> <p>Policy # 430.00, page 21 B states: The review committee shall:</p> <ol style="list-style-type: none"> 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. <p>Policy # 430.00, page 21 C states: The facility shall document the recommendations for</p>

improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review.

Comments:

The review team, in compliance with policy, confirmed in interviews, they prepare a report of its findings and forward to the Superintendent who is authorized to implement the recommendations for improvement or document the reasons for not doing so.

Auditor Notes: Due to Covid concerns the PREA audit for Lorrie Yeager Juvenile Center was postponed several times. The PAQ was uploaded on October 1, 2019, the information provided for the facility was no longer current for the period of the last 12 months. The facility provided updated investigations information to the auditor. LYJC has had eleven (11) allegations during the period from January 2020 through January 2021 with two (2) investigations deemed as unfounded.

115.387	Data collection
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 518 358">Materials Reviewed:</p> <p data-bbox="252 392 1444 515">Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) WVFJ&CFA PREA Monthly Statistical Report, Review aggregated data, WV Division of Corrections and Rehabilitation Website</p> <p data-bbox="252 548 1484 716">Policy # 430.00, page 21 – 22 E states: The facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on-offender sexual misconduct that occurs within their facility. Incident-based data reports shall be generated each month. The data collected shall include at a minimum.</p> <ol data-bbox="252 750 1460 1220" style="list-style-type: none"> 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 residents. 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 data-bbox="252 1254 1476 1377">Policy # 430.00, page 21 D states: The Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected. The review findings, recommendations for improvement and corrective action shall be documented.</p> <p data-bbox="252 1411 1484 1836">Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p data-bbox="252 1870 406 1904">Comments:</p> <p data-bbox="252 1937 1476 2027">The agency/facility utilizes a PREA Monthly Statistical report that is provided to WVDCR PREA Coordinator. The form is extensive. It covers:</p> <ul data-bbox="252 2060 1452 2139" style="list-style-type: none"> • Residents-on-Residents Sexual Acts (including definitions for Nonconsensual Sexual Acts, Abusive Sexual Contacts and Sexual Harassment.

- Staff Sexual Misconduct (including definitions for Staff Sexual Misconduct and Staff Sexual Harassment).

Each of these individual areas are delineated by Number of Allegation, Incident Report and/or Investigation Numbers, Disposition (Substantiated, Unsubstantiated, Unfounded and Investigation ongoing). There is also a Substantiated Incident Data Questionnaire for Victim (residents-on-residents), a Residents-on-Residents Questionnaire for the Predator and a Staff-on-Residents Questionnaire. Each of these three (3) documents must be completed for each occurrence. Annual reports are placed on the agency website. The facility provides its data to the Department of Justice as requested.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) ,Annual WV PREA Report 2019</p> <p>Interviews:</p> <p>Commissioner</p> <p>Assistant Commissioner</p> <p>Director of Office of PREA Compliance Interview PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Policy # 430.00, page 22 G states: All Sexual abuse data shall be securely retained for at least 10 years after the date of the initial collection.</p> <p>Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p>Policy # 430.00, page 21 D states: The Office of PREA Compliance shall prepare a report of its findings and ensure that any deficiencies are promptly identified and corrected. The review findings, recommendations for improvement and corrective action shall be documented.</p> <p>Policy # 430.00, page 22 F states: The DCR shall use the data to:</p> <ol style="list-style-type: none"> 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 DCR. <p>Comments:</p> <p>Before the consolidation of the Division of Corrections, Regional Jail Authority and the</p>

Juvenile Residential system, each agency/facility would place their data on their respective website. Now, annual reports are headed by the Office of PREA Compliance. As noted in the policy above, the report will be inclusive. Currently, the annual reports for all facilities are available on the Website, <https://dcv.wv.gov/Pages/default.aspx>.

115.389	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA), Website Historical Data</p> <p>Interview:</p> <p>PREA Coordinator</p> <p>Policy # 430.00, page 22 G states: All Sexual abuse data shall be securely retained for at least 10 years after the date of the initial collection.</p> <p>Policy # 430.00, page 22 H states: The Director of PREA Compliance shall submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p>Comments:</p> <p>Before the consolidation of the Division of Corrections, Regional Jail Authority and the Juvenile Residential system, each agency/facility would place their data on their respective website. Now, there will be annual reported headed by the Office of PREA Compliance. As noted in the policy above, the report will be inclusive. Files are secured behind a locked door, with limited access.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor observed in living units and other areas accessible to staff, inmates, contractors, volunteers and visitors. Thirty (30) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process. Communications with the PREA Compliance Manager were often and productive.</p> <p>The information contained on the uploaded PAQ contained policies applicable to the standards as well as documentation to help the auditor understand the mission of the facility, the layout of the facility, and facility operations, including the staffing required for the population of females and male youthful residents. The auditor provided the facility and extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request. During the on-site audit the facility was requested to provide documentation and the documentation was readily available.</p> <p>The on-site audit was conducted by one Auditor, certified in both Juvenile and Adult Standards. During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the residents. The auditor was able to move about the facility any time needed. Adequate space was provided for auditor and assistant to conduct interviews in complete privacy with staff and residents.</p> <p>The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. During the site review of the facility the auditor informally talked with residents and staff. Prior to the onsite portion of the audit the auditor received no correspondence from residents or staff.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Superintendent and the PREA Compliance Manager ensures that all PREA Reports are published on the agency’s website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency’s website and easily accessible to the public.</p> <p>Interviewed administrators indicated the PREA Report as well as annual reports are posted for public viewing and reviewing and the PREA Report, like the last PREA Report, will be posted within 90 days of issuing the final report to the facility.</p> <p>The auditor reviewed the Agency’s website and reviewed the previous PREA reports as well as annual reports that were posted on the website. The auditor downloaded the last PREA audit for LYJC Prison dated May 17, 2017 from the agency’s website all West Virginia facilities audits can be accessed on the website at https://dcr.wv.gov/Pages/default.aspx.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	

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

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	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)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

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

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

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

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

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

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

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

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

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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

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

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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

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

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