PREA Facility Audit Report: Final

Name of Facility: Lorrie Yeager Jr. Juvenile Center
Facility Type: Juvenile
Date Interim Report Submitted: 05/14/2026
Date Final Report Submitted: 07/11/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Karen d. Murray	**Date of Signature:** 07/11/2026

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	04/06/2026
End Date of On-Site Audit:	04/06/2026

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

Primary Contact

Name:	Amanda McGrew
Email Address:	amanda.d.mcgrew@wv.gov
Telephone Number:	304-352-4724

Superintendent/Director/Administrator	
Name:	Christina Rine
Email Address:	Christina.M.Rine@wv.gov
Telephone Number:	304-420-4860

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

Facility Health Service Administrator On-Site	
Name:	Shonna Whiteshield
Email Address:	swhiteshield@wexfordhealth.com
Telephone Number:	304-420-4860

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	35
Average daily population for the past 12 months:	33
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	12-18
Facility security levels/resident custody levels:	Level 4
Number of staff currently employed at the facility who may have contact with residents:	44
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	12
Number of volunteers who have contact with residents, currently authorized to enter the facility:	21

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:	WV Division of Corrections & Rehabilitation, 1409 Greenbrier St., Charleston, West Virginia - 25311
Telephone number:	3045582036

Agency Chief Executive Officer Information:	
Name:	David L. Kelly
Email Address:	David.L.Kelly@wv.gov
Telephone Number:	304-558-2036

Agency-Wide PREA Coordinator Information			
Name:	Amanda McGrew	**Email Address:**	amanda.d.mcgrew@wv.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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:	
3	• 115.331 - Employee training • 115.381 - Medical and mental health screenings; history of sexual abuse • 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-06
2. End date of the onsite portion of the audit:	2026-04-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	FRIS Sexual Assault Advocacy Services DCRPREA@wv.gov - third party reporting

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	34
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	28
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	20
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	44
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	18

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided a roster of residents by targeted categories and housing units. After, the auditor selected five targeted residents. Random residents were selected by housing units to ensure a representative sample across as many housing units as possible.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews with staff, this category of population did not appear to be present at the facility during the onsite review.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	20
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews with staff, this category of population did not appear to be present at the facility during the onsite review.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews with staff, this category of population did not appear to be present at the facility during the onsite review.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews with staff, this category of population did not appear to be present at the facility during the onsite review.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews with staff, this category of population did not appear to be present at the facility during the onsite review.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews with staff, this category of population did not appear to be present at the facility during the onsite review.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2

55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews with staff, this category of population did not appear to be present at the facility during the onsite review.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The agency as a whole does not utilize segregation for vulnerable populations.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The facility provided staff rosters by shift and assignment. Staff were selected from each shift to ensure a representative sample across all shifts.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☑ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☑ Mental health/counseling ☐ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	0	5	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	5	0	5	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	11	0	11	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	13	0	13	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	1	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	1	1	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	5	5
Staff-on-inmate sexual harassment	0	1	0	1
Total	0	3	5	6

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes (●) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Investigation review was discontinued before the required ten reviews were completed because the agency had only recently assumed responsibility for the juvenile facilities. As a result, investigations and sexual abuse incident reviews had not been completed, or supporting documentation could not be located for review. The agency has since implemented a tracking system to monitor investigations and related documentation.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

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
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. WV Division of Corrections & Rehabilitation Organization Chart, dated 7.24.2019 4. Lorrie Yeager Jr. Juvenile Center Organizational Chart, dated 3.25.2026 Interviews: 1. Random Residents 2. Targeted Residents

3. Corporals

4. Case Manager / PREA Compliance Manager

5. Superintendent

6. PREA Coordinator

7. Assistant Commissioner of Compliance

Interviews with residents demonstrated a consistent perception of safety and respectful treatment within the facility. Residents reported that searches are conducted respectfully and that they feel sexually safe in the program. All residents interviewed stated mental health services are offered regardless of past victimization or abusive behaviors. Several residents spoke positively about staff, noting staff are supportive and approachable. Residents described the environment as calm, with comments such as “I’m just chillin” and “it’s okay here,” and reported feeling generally comfortable in the facility.

Residents further demonstrated that PREA education is reinforced, with at least one resident reporting staff followed up after approximately one month to ensure understanding and provide additional education if needed. Residents also reported regular access to outdoor exercise, contributing to overall well-being.

Interviews with staff demonstrated a strong understanding of PREA requirements and a consistent commitment to maintaining a safe and professional environment. Staff reported treating all residents equally, regardless of how they identify, and emphasized the importance of taking all concerns seriously. Staff demonstrated awareness of appropriate search procedures, including ensuring both male and female staff are available or calling in additional staff when necessary.

Staff further demonstrated adherence to professional boundaries, including maintaining appropriate physical distancing between residents and avoiding favoritism or the exchange of items. Staff consistently reported a strong commitment to reporting, stating they independently make hotline reports and do not rely on others to ensure concerns are addressed. Staff identified leadership support, frequently referencing communication with management staff when concerns arise.

Additionally, staff demonstrated an understanding that reporting is a mandatory duty, emphasizing a “see something, say something” approach. Staff also reported the importance of regular supervision practices, including watch tours, as a key component of maintaining safety within the facility.

	The interview with the PREA Coordinator demonstrated there are currently 34 PREA Compliance Managers (PCMs) who maintain regular communication through phone, email, and onsite visits. The PREA Coordinator reported a willingness to take any necessary actions to ensure compliance with PREA standards, including initiating policy changes through the established chain of command when needed. She further demonstrated that individuals with access to the offender management system, including shift commanders, booking staff, and counselors, are able to view risk assessments, and all such personnel have signed confidentiality agreements to protect sensitive information. The interview with the Assistant Commissioner of Compliance demonstrated that allegations may originate from any area within the facility and are initially received by the first responder. The first responder separates the victim from the alleged perpetrator, removes them from the housing unit, and relocates them to a secure and private area. Staff are trained to preserve and secure the scene and initiate a standardized response checklist, which includes notification of the Shift Commander or designee. A mandatory call-down list is utilized to ensure all required notifications are made, including contacting the facility investigator. The investigator is responsible for notifying State Police when applicable. Site Observations: During the tour of the facility, Zero Tolerance postings and audit notices were observed throughout the living units, classrooms, and administrative areas. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a policy outlining how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. WVDCR PREA Policy Directive 430.00, page 4, Section I Prevention Planning, section A.-C., state, A. The Division of Corrections and Rehabilitation (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 §61-8B-10 and DCR policy and procedure.”

	B. 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.” C. Each Superintendent, in consultation with the Director of PREA Compliance, shall designate a Facility PREA Compliance Manager (PCM) who will have sufficient time and authority to develop, implement, coordinate, and oversee DCR efforts to comply with the PREA standards in his/her facility. “ (b) Lorrie Yeager Jr. Juvenile Center PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency provided a WV Division of corrections & Rehabilitation Organization Chart demonstrating the Director of PREA Compliance / PREA Coordinator reports directly to the Assistant Commissioner Accreditation and Compliance, who reports directly to the Deputy Commissioner. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The Case Manager serves as the PREA Compliance Manager. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. State of West Virginia Agency Master Agreement – Secure Detention Services & Rehabilitation, dated 9.17.2026

Interviews:

1. Contract Administrator

The interview with the Contract Administrator demonstrated the agency maintains one contract for the confinement of juvenile residents. The Administrator reported that all contracts include requirements for compliance with applicable standard language. She further stated that the PREA Coordinator provides oversight of contract compliance and that the contracted facility has successfully completed four PREA audits and is scheduled for the second audit cycle in 2026.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later.

The facility provided a State of West Virginia Agency Master Agreement – Secure Detention Services & Rehabilitation, page 18, section 4.1.14 states, “In accordance with the Prison Rape Elimination Act (PREA), the vendor must adopt and comply with all agency PREA Standards established by the United States Department of Justice.”

(b) Lorrie Yeager Jr. Juvenile Center PAQ states all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that do not require the agency to monitor contractor’s compliance with PREA Standards is zero.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ

2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022

3. West Virginia Division of Corrections and Rehabilitation Staffing Plan Review, dated 3.2025

4. Office of PREA Compliance Unannounced Rounds dated 1.1.2025 – 12.12.2025

Interviews:

1. Case Manager / PREA Compliance Manager

2. Unit Manager

3. Superintendent

4. PREA Coordinator

The interviews with the PREA Compliance Manager, Superintendent, and PREA Coordinator demonstrated that administrators meet weekly to review safety concerns, including identifying and addressing potential blind spots. Staff reported that mitigation efforts have been implemented, including modifications to stairwells to reduce visibility concerns.

The interview with the Unit Manager demonstrated that he is responsible for completing unannounced rounds on a monthly basis. He reported selecting varying times without prior notification to staff and completing documentation of all areas observed, both inside and outside the building. The Unit Manager further stated that any identified concerns are documented and addressed accordingly.

The interview with the Superintendent demonstrated the agency maintains staffing ratios of 1:8 and 1:16 and utilizes staffing plans to ensure adequate coverage for facility operations, including transports and emergency situations. The Superintendent further reported that staffing is structured to ensure at least one male and one female staff member are present on each shift at all times.

Site Observations:
Unannounced rounds documentation reviewed during the pre-audit phase demonstrated that rounds are conducted and documented across the entire facility, with at least one round completed per shift each month.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular

	basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 33. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 18. WVDCR PREA Policy Directive 430.00, page 5, section A., states, “DCR shall ensure that each facility 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: 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.” The facility provided a staffing plan review demonstrating the following is documented. · Introduction and Summary · Definitions · DCR Purpose & Mission · Facility Background · Prevention Planning

	· Generally Accepted Detention and Correctional Practices · Findings of Inadequacy · Documentation for Review 1. Organizational chart(s) 2. Position list Allotted positions verses filled positions, current staffing vacancies by total number and positions. 3. Staff schedules and facility roster 4. Housing Unit Identification Memo identifying job descriptions, positions, and functions of each position. I.e., supervising a housing unit, escorting inmates, classifying inmates, etc. When identifying housing units, each housing unit should be noted with a specific description or mission, to include the number of residents, number of staff, and hours of operation. 5. Floor plans and camera list (with cameras identified on the floorplan.) 6. Population census records (1st, 15th and 28th of each month) 7. Memo identifying relieved and non-relieved positions. 8. Post assignments / Operational Procedures 9. Any other relevant documents (b) Lorrie Yeager Jr. Juvenile Center PAQ states each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the facility is not obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was zero. (d) Lorrie Yeager Jr. Juvenile Center PAQ states at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

	WVDCR PREA Policy Directive 430.00, page 5, section C., states, “Whenever necessary, but no less frequently than once a year, each facility PCM, 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; and 4. The resources the facility has available to commit to ensure adherence to the staffing plan.” (e) Lorrie Yeager Jr. Juvenile Center PAQ states the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. WVDCR PREA Policy Directive 430.00, page 6, section E., states, “In an effort to identify and deter staff sexual abuse and sexual harassment a minimum of four (4) unannounced rounds must be completed each month, two of those unannounced rounds must occur during the evening/overnight hours between 7:00 pm and 7:00 am. The overnight rounds must be completed by someone who arrives at the facility for the sole purpose of conducting the unannounced round. Two (2) rounds must be completed between the hours of 7:00 am and 7:00 pm. The unannounced rounds will be documented using PREA Compliance Manual Attachment 16 and submitted to the facility PCM monthly.” The facility provided typed unannounced rounds demonstrating rounds are completed once per shift per month of the entire facility. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Post Audit: Purchase Order Email Communication, dated 4.30.2026 Interviews: 1. Random Residents 2. Targeted Residents 3. Corporals 4. Case Manager / PREA Compliance Manager Interviews with residents demonstrated a consistent perception of safety and respectful treatment within the facility. Residents reported that searches are conducted respectfully and that each resident feels sexually safe within the program. Residents stated PREA chimes sounded each time male or female staff entered the living unit. Interviews with staff demonstrated that cross-gender strip searches are not conducted, as male and female staff are consistently assigned to each shift. Staff reported that female staff may conduct pat searches of male residents when necessary, and appropriate documentation is completed in such instances. Site Observations: During the tour of the facility, the search area within the Intake Department was observed. Residents are searched in a designated room with frosted glass, with only the resident and staff present during the search. When a second staff member is not present, staff maintain visibility by keeping the door partially open and positioning themselves within camera view. During the tour, resident cells and holding areas were observed to have toilets in full view while in use, which does not allow for adequate privacy. In addition, an area within the teacher lounge was identified as a blind spot near the staff desk. It was recommended that a mirror be placed in the far corner of the room to mitigate potential safety concerns.

	Corrective Action Plan: · Apply frosting or tinting to the lower portion of resident cell windows (approximately 4 inches from the bottom) to ensure residents are able to perform bodily functions without being viewed by nonmedical staff of the opposite gender. · Upload photographs demonstrating the installation of frosted/tinted windows in resident cells to the OAS. Post audit the facility provided email communications and a purchase order request demonstrating window coverings were ordered on 3.26.2026. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has not conducted cross-gender strip or cross-gender visual body cavity searches. WVDCR PREA Policy Directive 430.00, page 6, section H., 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.” (b) Lorrie Yeager Jr. Juvenile Center PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The number of pat-down searches of female residents that were conducted by male staff has been zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) has been zero. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Policy compliance can be found in provision (a) of this standard.

	(d) Lorrie Yeager Jr. Juvenile Center PAQ states the facility has implemented policies and procedures that enable Residents to shower, perform bodily functions, and change clothing without non-medical 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 includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing. WVDCR PREA Policy Directive 430.00, page 6-7, section I-J., state, I. "Offenders shall be able to shower, perform bodily functions, and change clothing without non-medical 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. J. Staff shall announce their presence every time they enter an offender housing unit of the opposite gender to indicate that there will be someone of the opposite gender on the unit." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Homeland Language Services - Call Guide for Requesting Interpreters Interviews: 1. Targeted Residents

2. Assistant Commissioner of Compliance

The facility had one cognitive and one LEP targeted offender. Both residents had a sound understanding of PREA, their rights and reporting options made available to them. The LEP offender has been provided with Rosetta Stone software on a tablet and has subsequently taught himself English while in the program. The LEP offender was provided all PREA education in Spanish documentation.

The interview with the Assistant Commissioner of Compliance demonstrated the agency has taken significant steps to ensure residents have access to PREA-related information and services in a language they understand. The Assistant Commissioner reported that handbooks and key documents are available in multiple languages. The agency also utilizes translation applications on phones, TTY phones, and tablets within facilities to support communication. Additionally, the agency has the ability to provide video-based interpretation services, including sign language, to ensure effective communication with residents who are deaf or hard of hearing.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has established procedures to provide disabled Residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

WVDCR PREA Policy Directive 430.00, page 7, section M-N., state, "

M. Facilities shall take reasonable steps to ensure all offenders with disabilities and those who are limited English proficient have meaningful access and equal opportunity to participate in or benefit from all aspects of the DCR's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall use the contracted translation services to facilitate communication with the offender.

N. Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that he or she understands the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats."

The agency provided a call guide for staff to request interpreter services,

	demonstrating the agency has a contract for language line services in place with Homeland Language Services. (b) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has established procedures to provide residents with limited English 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. Policy compliance can be found in provision (a) of this standard. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the agency policy prohibits use of 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. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations was zero. WVDCR PREA Policy Directive 430.00, page 7, section O., states, "Only staff members or qualified contractors will provide translation for offenders. The DCR shall not rely on offender interpreters, readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Lorrie Yeager Jr. Juvenile Center PAQ

2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022

Interviews:

1. Human Resource Technical Assistant

Interviews with the Human Resource Technical Assistant demonstrated the initial criminal history check was completed before hire, and upon promotion. The Human Resource Technical Assistant was aware criminal history checks were subsequently completed every five years after the employee hire date. The Human Resource Technical Assistant was aware and could demonstrate Administrative Adjudication questions were asked during the hiring and promotion processes and institutional reference questions were asked and documented for applicable employees.

Site Review Observation:

During the onsite review, 48 staff files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Employee Files/Records template. Documentation demonstrated that each staff member had current criminal history and child abuse registry checks completed, and that administrative adjudication questions were addressed at the time of hire and promotion.

Institutional reference checks were not applicable at this facility, as staff either transferred from within the state system or did not have prior correctional experience.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states the Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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); • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

WVDCR PREA Policy Directive 430.00, page 7-8, section P., states, “All individuals who may have contact with residents will be asked to disclose previous misconduct

during interviews for hiring, promoting and every four (4) years as part of the reoccurring background check process of current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct. DCR shall not hire, promote or enlist the services of any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activity. The DCR shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with offenders. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

(b) Lorrie Yeager Jr. Juvenile Center PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with youth. Policy compliance can be found in provision (a) of this standard.

(c) Lorrie Yeager Jr. Juvenile Center PAQ states agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was six. Policy compliance can be found in provision (a) of this standard.

(d) Lorrie Yeager Jr. Juvenile Center PAQ states the agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. 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 is three

WVDCR PREA Policy Directive 430.00, page 8, section R., 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

	(4) years. (e) Lorrie Yeager Jr. Juvenile Center PAQ states the agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. Policy compliance can be found in provision (d) of this standard. (g) Lorrie Yeager Jr. Juvenile Center PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy compliance can be found in provision (a) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Assistant Commissioner of Compliance The interview with the Assistant Commissioner of Compliance demonstrated that many of the agency’s facilities are older, and efforts are ongoing to upgrade camera systems to improve quality and coverage. Camera systems are replaced as they age, and when blind spots are identified, adjustments are made through repositioning or adding additional cameras. He further reported that camera systems are utilized both as a preventative measure and as a tool to capture video evidence when incidents occur, supporting investigations and overall facility safety.

	Site Observation: During the tour cameras were observed in the living unit, hallways, stairwells and in the immediate area of the outdoor recreation yard. A large portion of the outdoor area was behind the fence and open to residents; however, cameras did not exist inside the fence around the perimeter. Recommendation: · Add cameras to the perimeter of the building (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. (b) Lorrie Yeager Jr. Juvenile Center PAQ states the agency, or 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. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Agency Master Agreement FRIS Sexual Assault Advocacy Services, dated 1.1.2023 4. Certificate of Course Description – Qualified Staff, dated 2.16.2026 5. Post Audit: Law Enforcement Memorandum Attempt, dated 4.27.2026

Interviews:

1. Deputy Director CIU Unit / Investigator

2. LPN / HSA

The interviews with Investigators demonstrated the agency conducts both administrative and criminal investigations in coordination with the West Virginia State Police.

The interview with the LPN demonstrated that residents are transported to Camden Clark Hospital for forensic medical examinations at no cost to the victim.

Site Observations:
There was no sexual abuse allegations reported within the past 12 months that required a forensic medical examination. The agency reported an understanding that a statewide agreement with law enforcement addressed the requirements of provision (a)-(e) of this standard.

Corrective Action Plan:

· Provide a MOU and or an attempt of an MOU demonstrating the agency has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

· Upload supporting documentation to corresponding standard provision in the online audit system.

Post audit, the agency uploaded email communication to law enforcement—an entity within the West Virginia Department of Corrections and Rehabilitation—requesting consideration of the requirements set forth in §115.321 when conducting sexual abuse investigations.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Criminal Investigations are conducted by West Virginia State Police. When conducting a sexual abuse

	investigation, the agency investigators follow a uniform evidence protocol. (b) Lorrie Yeager Jr. Juvenile Center PAQ states the protocol being developmentally is appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There have been zero medical exams, SAFE/SANE exam performed in the last 12 months. The facility provided a Certificate of Course Description: presented by the National Association of Certified Child Forensic Interviewers – The Foundational Core Competencies for Effective Child Forensic Interviewing demonstrating the facility employees qualified staff to accompany victims. (d) Lorrie Yeager Jr. Juvenile Center PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services. The facility does employ qualified staff member to accompany victims. WVDCR PREA Policy Directive 430.00, page 23, Section 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 an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. Residents who may require SAFE/SANE exam may not refuse such exams at the facility level. The DCR shall document efforts to provide a SAFE or SANE, 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. The facility shall maintain a SAFE/SANE log documenting when these services were attempted or utilized.

The agency provided an Agency Master Agreement demonstrating the West Virginia Foundation for Rape Info Services provides sexual assault advocacy services. The agreement appears to be current and has an expiration date of 12.31.2026.

(e) Lorrie Yeager Jr. Juvenile Center PAQ states if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Policy compliance can be found in provision (d) of this standard.

WVDCR PREA Policy Directive 430.00, page 23, Section 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.”

The facility provided a Certificate of Course Description: presented by the National Association of Certified Child Forensic Interviewers – The Foundational Core Competencies for Effective Child Forensic Interviewing demonstrating the facility employees qualified staff to accompany victims.

(f, g) Lorrie Yeager Jr. Juvenile Center PAQ states if the agency is responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. The investigative policy is posted on the facility website at WVDCR PD 430.00 Prison Rape Elimination Act (PREA) Compliance.pdf

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Assistant Commissioner of Compliance The interview with the Assistant Commissioner of Compliance demonstrated the agency employs a zero-tolerance policy for all matters related to PREA, including staff-on-resident and resident-on-resident allegations. The Assistant Commissioner reported that all allegations are taken seriously, tracked, and reviewed during weekly meetings held every Monday morning. He further stated that any substantiated allegations are referred to State Police for investigation. Furthermore, he demonstrated that allegations may originate from any area within the facility. The first responder receives the information and immediately separates the victim from the alleged perpetrator, removing them from the unit and relocating them to a quiet, secure area. Staff are trained to preserve and secure the scene and initiate a response checklist, which includes notification of the Shift Commander or designee. The Assistant Commissioner further reported the use of a mandatory call-down list to ensure all required notifications are made. An investigator assigned to the facility is contacted, and State Police are notified when required. Site Review Observation: There were four allegations of sexual harassment referred for investigation within the past 12 months. Review of the investigations demonstrated that each allegation was responded to on the same day it was received and was handled in a thorough and objective manner by facility personnel throughout the investigative process. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had nine allegations of sexual abuse and sexual harassment that were received. In the past 12 months, the number of allegations resulting in an administrative investigation was five. In the past 12 months, the number of allegations referred for criminal investigation was two.

	(b-d) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The facility has published their investigation policy on their website at https://dcr.wv.gov/ WVDCR PREA Policy Directive 430.00, page 19, section 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 the Office of PREA Compliance throughout the investigative progress." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.331	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. WVDCR PREA Performance Objectives, dated 7.20.20 4. State of West Virginia, Department of Military Affairs & Public Safety, Certificate of Receipt and Understanding, dated 1.2020 Interviews: 1. Corporals Interviews with facility staff demonstrated each was aware of and has received

	initial, annual, and ongoing PREA training. Staff reported receiving additional training through emails, staff meetings, and continuous communication throughout the year, reinforcing PREA expectations and responsibilities beyond the required annual training. Site Observations: During the onsite review, 48 staff files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Employee Files/Records template. Documentation demonstrated all staff have completed required initial and annual PREA training, as well as refresher training in 2025 and 2026 for those due at the time of the audit. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency trains all employees who may have contact with Residents in all required provisions of this standard. WVDCR PREA Policy Directive 430.00, page 8-9, section III. Staff Training, A.-B., state, A. "All employees, contractors, volunteers, mentors 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 or enlistment of services. B. At a minimum, the training shall include the following information: (115.31(a)) 1. Sexual contact with an offender is prohibited; 2. Offender's right to report if sexual contact occurs; 3. The zero-tolerance policy against sexual abuse and sexual harassment within the DCR; 4. How staff are to fulfill their responsibilities under the Division's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this Policy; 5. Offenders right to be free from sexual abuse and sexual harassment; 6. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 7. The dynamics of sexual abuse and sexual harassment in confinement; 8. The common reactions of sexual abuse and sexual harassment victims; 9. How to detect and respond to signs of threatened and actual sexual abuse;

	10. How to avoid inappropriate relationships with offenders; 11. How to communicate effectively and professionally with offenders, including LGBTI or gender nonconforming offenders; 12. How to comply with relevant laws of West Virginia related to mandatory reporting of sexual abuse to outside authorities; and 13. Sexual misconduct in confinement facilities." The facility provided WVDCR PREA Performance Objectives which include the following: A. PREA historical information B. Sexual Misconduct definition – sex with an offender is RAPE. C. Individual Liability D. Zero Tolerance Policy E. Benefits of PREA and Why Corrections Professionals Should Care F. Dynamics of Sexual Abuse in Confinement Settings G. Environmental Differences H. Reporting Challenges I. Vulnerable Populations J. Reasons the Abuse Occurred K. Gender Differences L. Imbalance of Power (staff/offender) M. Code of Silence N. Three Primary Goals of PREA: Prevent, Detect, Respond O. Consequences P. Red Flags (b) Lorrie Yeager Jr. Juvenile Center PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility. Policy compliance can be found in provision (a) of this standard.

	(c) Lorrie Yeager Jr. Juvenile Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is through annual refreshers. WVDCR PREA Policy Directive 430.00, page 9, section 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 offenders have been trained on their responsibilities under the DCR’s sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified on the DCR’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. “ (c) Lorrie Yeager Jr. Juvenile Center PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. The agency provided a Certificate of Receipt and Understanding template demonstrating that each applicant and staff members sign an acknowledgment confirming receipt and understanding of the agency’s policies. Based on interviews, documentation, and observations, the facility exceeds compliance with this standard. The facility demonstrates a commitment to ongoing PREA education by providing continuous training opportunities beyond minimum requirements, ensuring staff maintain a strong and current understanding of PREA responsibilities throughout the year.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Lorrie Yeager Jr. Juvenile Center PAQ

2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022

3. WVDCR PREA Acknowledgment for Volunteers, Contractors, Mentors, Acknowledgment, dated 8.2019

Interviews:

1. LPN / HSN - Contractor

2. Therapist - Contractor

The interview with contractors demonstrated both had completed in-person PREA training with facility staff. Each was able to articulate their knowledge of the agency’s zero tolerance policy and stated they would report any information regarding sexual harassment or sexual abuse to the supervisor on duty and designated PREA personnel.

Site Observations:
During the onsite review, eight contractor files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Employee Files/Records template. Documentation demonstrated each contractor has completed required PREA education in 2025.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 12.

The facility provided an acknowledgment demonstrating volunteers, contractors and mentors are educated on the following.

A. Prison Rape Elimination Act

B. Zero Tolerance Policy

C. Investigations

D. Reporting Responsibilities

	E. Clear Boundaries (b) Lorrie Yeager Jr. Juvenile Center PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received. The agency provided an acknowledgment template demonstrating that each volunteer, contractor, and mentor signs an acknowledgment confirming receipt and understanding of the agency's policies. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. WVDCR PREA Orientation for Juvenile Offenders, dated 1.2020 4. Zero Tolerance Brochure, dated 9.12.08 Interviews: 1. Random Residents

2. Targeted Residents

3. Substance Abuse Therapist

Informal and formal interviews with residents demonstrated they had been educated on the agency's zero tolerance policy, were aware of their rights, and multiple internal and external reporting options. Residents reported they could report using their tablets, submit a note or PREA form in the PREA or grievance box, notify staff or a trusted adult, or report anonymously.

The interview with the Substance Abuse Therapist demonstrated that PREA education is delivered to residents within 24 hours of arrival. The Therapist reported providing education through a PREA video and review of the PREA packet, which includes the agency's zero tolerance policy, internal and external reporting options, information regarding cross-gender announcements, and resident rights to be free from sexual abuse and sexual harassment. The Therapist further stated that residents are required to sign an acknowledgment of understanding following the education, and he signs as a witness.

Site Observations:
During the onsite review, 10 resident files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Resident Files/Records template. Documentation demonstrated each resident received initial and comprehensive PREA education within 72 hours of intake and again within 10 days of intake.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months 179 residents were given information at intake.

WVDCR PREA Policy Directive 430.00, page 10-11, section III. Offender Education A. states, "During the intake process, and every year thereafter if applicable, offenders shall receive educational information explaining, in an age-appropriate fashion, the DCR's zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. This information shall be communicated verbally, in writing and in language clearly understood by the offender. The curriculum may be provided to offenders individually or in groups. At a minimum, the offender shall receive:

1. Information regarding the agencies reporting procedures.

2. Information related to access to outside victim advocates for emotional support

	services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The agency provided a WVDCR PREA Orientation for Juvenile Offenders demonstrating youth are educated on the following. · West Virginia Division of Corrections and Rehabilitation's Office of PREA Compliance and the Bureau of Juvenile Services (BJS) is committed to their safety. · Right to serve your sentence with dignity and respect, free from sexual abuse, sexual harassment and retaliation. · BJS has zero tolerance regarding sexual abuse and sexual harassment within its facilities. · What is Sexual Abuse · Prevention · Sexual Abuse Myths and Facts · Investigations · Retaliation Monitoring · Reporting · What to Expect · Juvenile Orientation Acknowledgment (b) Lorrie Yeager Jr. Juvenile Center PAQ states the number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake was 179. WVDCR PREA Policy Directive 430.00, page 11, section 6., states, "Within thirty (30) days of intake, adult offenders shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and regarding DCR policies and procedures for responding to such incidents. Juvenile offenders shall receive this comprehensive education within ten (10) days.

(c) Lorrie Yeager Jr. Juvenile Center PAQ states of those who were not educated during 10 days of intake, all residents have been educated subsequently. All juveniles have been trained. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. The PAQ states youth are educated upon arrival.

(d) Lorrie Yeager Jr. Juvenile Center PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills.

WVDCR PREA Policy Directive 430.00, page 7, section N., 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 offenders 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 he or she understands the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats.”

(e) Lorrie Yeager Jr. Juvenile Center PAQ states the facility maintains documentation of resident participation in PREA education sessions. Procedure compliance can be found in provision (a) of this standard.

(f) Lorrie Yeager Jr. Juvenile Center PAQ states the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The agency provided a Zero Tolerance Brochure demonstrating the following information is provided to youth.

· Zero Tolerance for Sexual Abuse and Sexual Harassment

· Definitions

	· West Virginia Division of Corrections and Rehabilitation Zero Tolerance Policy · Right to Report · How to Report Internally and Externally · If You Are Abused · Notice For Failure to Report Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Five Certificates of Completion – PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations Interviews: 1. Deputy Director CIU Unit / Investigator The interview with the Investigator demonstrated that she and her staff have completed specialized training through the National Institute of Corrections. The Investigator further reported that the agency has a designated trainer within the unit who provides specialized training through federal resources and the division, including training specific to conducting interviews. Site Observations: Documentation review demonstrated that Investigators have completed the required specialized training, as evidenced by certificates of completion. Training records reflected instruction specific to conducting sexual abuse and sexual harassment investigations in confinement settings, consistent with PREA requirements.

	(a-b) Lorrie Yeager Jr. Juvenile Center PAQ states the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. WVDCR PREA Policy Directive 430.00, page 9-10, section 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 Investigation Division (CID) investigative staff shall receive additional specialized training on conducting sexual abuse investigations in confinement settings. Documentation will be kept in the employee’s training file 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; and 4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is 30. The facility provided five Certificates of Completion for PREA: Investigating Sexual Abuse in a Confinement Setting – Advanced Investigations for investigators who may be assigned to the facility. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Two National Institute of Corrections PREA 201 for Medical and Mental Health Practitioner Certificates 4. Post Audit: Training Record – Pregnancy Laws and SAFE/SANE Locations, dated 4.7.2026 Interviews: 1. LPN/HAS – Contractor 2. Therapist - Contractor The interviews with medical and mental health practitioners demonstrated each had completed specialized medical and mental health training through the National Institute of Corrections each year. Each practitioner was able to articulate key components of the training, including detection of sexual abuse, evidence collection, responding to victims, and reporting requirements. Each stated they would report allegations verbally and document them confidentially through appropriate reporting channels to supervisors and PREA personnel. Documentation was not available to demonstrate nursing staff have received training on SANE/SAFE resources and applicable pregnancy-related laws. Site Observations: Documentation review demonstrated both practitioners have completed the required specialized training, as evidenced by certificates of completion. Training records reflected instruction specific to evidence collection, communication with victims of sexual abuse, and the detection and assessment of sexual abuse, consistent with PREA requirements. The agency uploaded all required documentation during the audit process, demonstrating compliance with this standard. Corrective Action Plan: · Ensure nursing staff complete documented training on access to SANE/SAFE services, including location and procedures for obtaining forensic exams. · Ensure nursing staff complete documented training on applicable pregnancy-related laws and required medical response.

	· Upload documentation of completed training to the OAS. Post audit, the facility provided a training record demonstrating the nurse has completed additional training on state pregnancy laws and the identification of SAFE/SANE locations designated for sexual assault victims. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is two. WVDCR PREA Policy Directive 430.00, page 10, section G., states, “In addition to the general training provided by the facility during Orientation, all full- and part-time medical and mental health employees 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 employees must receive this training during orientation, but no later than one (1) month of the effective date of hire. Contractual medical staff will not conduct forensic examinations. Specialized training will include, but is not limited to: 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. (b) Lorrie Yeager Jr. Juvenile Center PAQ states their medical staff do not conduct forensic medical exams. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The facility provided National Institute of Corrections PREA 201 for Medical and Mental Health Practitioner Certificates demonstrating both practitioners have

	completed the required specialized training. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.341: Screening for risk of victimization and abusiveness Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. WVDCR PREA Screening Tool, dated 11.2019 Interviews: 1. Random Residents 2. Targeted Residents 3. Unit Manager Interviews with residents demonstrated most recalled being asked risk screening questions, including prior sexual victimization, how they identify, the presence of any mental or physical disabilities, and any safety concerns. The interview with the Unit Manager demonstrated that risk screenings for victimization and abusiveness are completed within 24 hours of intake and again within 30 days, in a private one-on-one setting. The Unit Manager reported that screenings include review of the resident's background, including legal history, removal from the home, prior sexual victimization or abusiveness, how the resident identifies, whether the resident feels safe and comfortable, and identification of any mental or physical disabilities. He further stated that if concerns are identified, staff are notified accordingly. The Unit Manager reported that assessments are initially completed on paper, then scanned and forwarded to the PREA Team and Mental

	Health for review and follow-up. Site Observations: During the onsite review, 10 resident files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Resident Files/Records template. Documentation demonstrated each resident had a completed risk assessment within 72 hours of admission, with additional assessments completed periodically throughout their stay (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 179. WVDCR PREA Policy Directive 430.00, page 11-12, section V. Screening for Risk of Sexual Victimization and Abusiveness, states, A. All offenders shall be assessed individually and in a private setting during intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders prior to housing in general population. B. The screening will occur: 1. Within seventy-two (72) hours of intake; 2. Upon transfer to a different facility; 3. After an incident of sexual abuse; and 4. When warranted due to a referral, request, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness. C. This shall be accomplished by using the appropriate attachment within the PREA Manual 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 offenders that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other offenders;

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

10. Level of emotional and cognitive development (for juvenile offenders only).

D. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the DCR, in assessing offenders for risk of being sexually abusive.

E. This information shall be ascertained through:

1. Direct conversations with the offenders during the intake process;

2. Medical and mental health screenings;

3. During classification assessments; and

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

(b-c) Lorrie Yeager Jr. Juvenile Center PAQ states the Risk assessment is conducted using an objective screening instrument.

	The agency provided a WVDCR PREA Screening Instrument demonstrating that the following information is obtained for each youth entering the facility. · Name / OID Number / Facility · Age / Male / Female / Date Risk Factors for Potential Victims: · Is the offender a victim of institutional rape or sexual assault in the past? If yes, they must be classified as a Victim and referred to Mental Health · Under the age of 25, or over the age of 60 years · Small physical stature (less 5’5” and/or 150lbs) · First Incarceration OR No criminal history of a violent nature · History of any previous sexual victimization · Presence of a development disability, mental illness, or medical issue · History of “consensual” sex while incarcerated · Previous conviction for sexual crimes (against an adult or child) · Detained only for civil immigration purposes · Gender Non-conforming/Homosexual/Bisexual/Effeminate/Intersex/ Transgender · Previous history of placement on protective custody/special management, or the offender perceives him/herself to be vulnerable If three or more of the above statements have been endorsed, the offender is to be classified as a Potential Victim. Risk Factors of Potential Predators: · Does the offender have a history of institutional sexually aggressive behavior? If yes, they must be classified as a Predator and referred to Mental Health · Current or history of a rape/sexual assault conviction · History of physically assaultive behavior · History of perpetrating domestic violence · History of sexually abusive or assaultive behavior

	· Confirmed gang affiliation If two or more of the above statements have been endorsed, the offender is to be classified as a Potential Predator. The form allows for the initial screening, reassessment and transfer reassessment dates and staff signature and date of completion. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Random Residents 2. Targeted Residents 3. Case Manager / PREA Compliance Manager Interviews with three cognitively delayed residents, one vulnerable resident, and two residents who reported other residents were engaging in inappropriate touching demonstrated that they feel safe within the facility, are comfortable with their housing assignments, and that staff respond appropriately to reports of sexual misconduct. The interview with the PREA Compliance Manager demonstrated that vulnerable residents are not placed in isolation and are not housed with aggressive residents. She further reported that measures are taken to ensure vulnerable residents are not placed in situations with individuals who may pose a risk. The PREA Compliance Manager stated that residents are closely supervised in educational settings and are

	appropriately separated within housing units to maintain safety. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. WVDCR PREA Policy Directive 430.00, page 14, section I., states, “The PREA screening assessment information shall be used to make decisions regarding housing, bed, work, education, and program assignments. The goal of the DCR is to keep offenders that are at high risk for being sexually victimized away from those at high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender.” (b) Lorrie Yeager Jr. Juvenile Center PAQ states the facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero. WVDCR PREA Policy Directive 430.00, page 13, section H., states, “Juvenile offenders may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other offenders safe, and then only until an alternative means of keeping all offenders safe can be arranged. During any period of isolation, agencies shall not deny any offenders daily large-muscle exercise and any legally required educational programming or special education services. All offenders in isolation shall receive daily visits from a medical or mental health care clinician. Offenders shall also have access to other programs and work opportunities to the extent possible. Every thirty (30) days, the facility shall afford each juvenile offender a review to determine whether there is a continuing need for separation from the general population. If a juvenile offender is isolated for these reasons, the facility shall clearly document the basis for the facility’s concern for the offenders’ safety and the reason why no alternative means of separation can be arranged.” (h) Lorrie Yeager Jr. Juvenile Center PAQ states from a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months was zero.

	(i) Lorrie Yeager Jr. Juvenile Center PAQ states if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. Policy compliance can be found in provision (b) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. WVDCR No Means No Brochure, dated 9.12.2008 Interviews: 1. Random Residents 2. Targeted Residents 3. Corporals Informal and formal interviews with residents demonstrated a strong awareness of multiple reporting mechanisms. Residents reported they could report directly to staff, utilize their tablets, notify a family member, or submit a grievance. Interviews with staff demonstrated they would accept allegations regardless of the source, including written notes with or without a resident’s name, verbal reports, grievances, and third-party reports. Site Observations:

	“No Means No” flyer information was observed posted within the dorm, near classrooms, and in hallways. Postings included reporting entities and instructions on how each could be contacted. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect. WVDCR PREA Policy Directive 430.00, page 15, section A., states, “Offenders shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other offenders or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The DCR shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the DCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to DCR officials, allowing the offender to remain anonymous upon request. Offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the U.S. 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.” The facility provided a No Means No Brochure demonstrating the following reporting information is provided to youth. How to Report West Virginia Division of Corrections and Rehabilitation offers multiple ways to report sexual abuse and sexual harassment: · Report to any staff, volunteer, contractor, or medical or mental health staff, · Submit a grievance · Report to the PREA Coordinator of PREA Compliance Manager · Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (304) 558.2036 or by emailing DCRPREA@wv.gov

	· You can also submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here. External Reporting Option You also can make a report using the Inmate Phone System. This resource is located outside of the West Virginia Division of Corrections and Rehabilitation and you can remain anonymous upon request. (b) Lorrie Yeager Jr. Juvenile Center PAQ states facility provides 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 agency. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided detention facility locator information. The facility provided a Memorandum of Understanding between West Virginia Division of Corrections and Rehabilitation Office of PREA Compliance specifically, for The Bureau of Juvenile Services and The WV Supreme Court of Appeals-Administrative Office Juvenile Justice Commission stating the following. "This Memorandum of Understanding (MOU) sets forth the terms and understanding between the West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services (BJS) and the WV Supreme Court of Appeals-Administrative Office Juvenile Commission (JJC) to provide an outside entity to which residents can report sexual abuse or sexual harassment. Reporting When a complaint is received by the JCC, the DCR Director of PREA Compliance will be notified of the compliant for investigation. The JCC will be responsible for monitoring the progress of the investigation and will be provided with the investigation outcome." (c) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. WVDCR PREA Policy Directive 430.00, page 15, section B., states, "All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe,

	are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the Superintendent and facility PCM. Staff may be subject 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." (d) Lorrie Yeager Jr. Juvenile Center PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. (e) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. WVDCR PREA Policy Directive 430.00, page 15, section C., states, "Staff can privately report information about sexual assault and sexual harassment by submitting a confidential report to the Superintendent, facility PCM or the Office of PREA Compliance." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews:

1. Random Residents

2. Targeted Residents

3. Case Manager / PREA Compliance Manager

Interviews with residents demonstrated their awareness of grievance procedures and that they are able to submit a grievance, if necessary, by placing it in a PREA or grievance box located near classrooms or within the living units. Residents reported that grievance forms are available in paper format and that a PREA application is also accessible on their tablets.

The interview with the PREA Compliance Manager demonstrated that grievance boxes are not routinely checked on weekends and holidays; however, procedures have been implemented to address submissions during those timeframes.

Site Observations:
During the tour, the Auditor observed PREA and grievance boxes located near classrooms and within the living unit. During the onsite review, the facility implemented additional instructions posted on the PREA box to ensure timely response to grievances submitted outside of standard collection times. The posted instruction states: “If an allegation is submitted after 5pm on Friday and 8:00 am on Mondays, please make sure you let a staff member know. Thank you.” This measure demonstrates the facility has established a process to ensure grievances are addressed within the required 48-hour timeframe.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

WVDCR PREA Policy Directive 430.00, page 16, section D., states, “An offender may also report abuse by using the grievance process. These grievances will be forwarded to the Superintendent or designee for immediate action. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The DCR may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The DCR shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the DCR’s ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. The agency shall ensure that:

1. An offender 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.” (b) Lorrie Yeager Jr. Juvenile Center PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Policy compliance can be found in provision (a) of this standard. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the agency’s policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency’s policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Policy compliance can be found in provision (a) of this standard. (d) Lorrie Yeager Jr. Juvenile Center PAQ states the agency’s policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months there have been zero grievances filed alleging sexual abuse; WVDCR PREA Policy Directive 430.00, page 16, section E., states, “DCR shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance.” (e) Lorrie Yeager Jr. Juvenile Center PAQ states agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline. The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline was zero. WVDCR PREA Policy Directive 430.00, page 16, section F., states, “Third parties, including fellow offenders, staff members, family members, attorneys, and outside

	advocates, are permitted to assist offenders in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of offenders. If the offender declines third party assistance, it must be documented by using the appropriate attachment within the PREA Manual. CID will discuss the allegation with the alleged victim and to the extent possible proceed with an investigation if the allegation occurred in a correctional setting." (f) Lorrie Yeager Jr. Juvenile Center PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. WVDCR PREA Policy Directive 430.00, page 16, section 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 forty-eight (48) hours and a final decision shall be within five (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." (g) Lorrie Yeager Jr. Juvenile Center PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith. WVDCR PREA Policy Directive 430.00, page 16, section H., states, "Offenders may be disciplined for filing a grievance related to alleged sexual abuse only where the DCR demonstrates that the offender filed the grievance in bad faith." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Agency Master Agreement FRIS Sexual Assault Advocacy Services, dated 1.1.2023 4. Post Audit: Updated Support and Advocacy Services Postings Interviews 1. Random Residents 2. Targeted Residents 3. PREA Director Interviews with residents demonstrated limited awareness of available advocacy services, with six out of 10 residents reporting they were unaware of the specific services provided by sexual assault advocates. The interview with the PREA Director demonstrated the agency maintains a Master Agreement with FRIS Sexual Assault Advocacy Services, under which the agency is responsible for payment of services that are otherwise provided at no cost to community members. Site Observations: During the tour, advocacy contact information was not clearly available or readily accessible to residents. FRIS Sexual Assault Advocacy Services was contacted using a resident tablet. The call was answered after one ring by an operator. After introducing the purpose of the call, the Auditor confirmed it was a test call from the Lorrie Yeager Jr. Juvenile Center to verify resident access to advocacy services. The operator initially stated the agency does not provide services to juveniles and provided an alternate referral source.

	Upon follow-up with the PREA Director, it was determined the operator was misinformed and would receive additional training. During a subsequent test call conducted at another juvenile facility the following day, the operator stated the agency would accompany residents during a forensic examination and provide ongoing emotional support services. Following the call, the tablet system notified the resident that minutes were deducted to complete the call to the advocacy agency. Corrective Action Plan: · Ensure advocacy contact information is clearly posted and readily accessible to all residents in the facility. · Ensure residents are able to access advocacy services without the use of resident minutes or other barriers. · Provide documentation demonstrating updated advocacy resources and access is made available to residents, and upload to the OAS. · Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.353(a) is met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question. · Upload supporting documentation to corresponding standard provision in the online audit system. Post audit, the facility provided updated postings that include the address and a speed dial number for the Centers Against Violence / Women's Aid in Crisis Center. The postings also include clear information outlining the services provided by the advocacy agency, ensuring residents are informed of available support resources. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. · The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration

	purposes. · The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. · The facility does not detain solely for civil immigration purposes. WVDCR PREA Policy Directive 430.00, page 16, section 17, section 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 offenders 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.” (b) Lorrie Yeager Jr. Juvenile Center PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. WVDCR PREA Policy Directive 430.00, page 11, section 3, states, “The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between offenders and these organization.” (c) Lorrie Yeager Jr. Juvenile Center PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency provided an Agency Master Agreement demonstrating the West Virginia Foundation for Rape Info Services provides sexual assault advocacy services. The agreement appears to be current and has an expiration date of 12.31.2026. (d) The facility provides residents with reasonable and confidential access to their

	attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. WVDCR PREA Policy Directive 430.00, page 17, section J., states, “DCR shall also provide juvenile offenders with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.” Based on the review of documentation, observations, and interviews, the facility does not meet the standard requirements.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ Interviews 1. Random Residents 2. Targeted Residents 3. Corporals Interviews with residents and staff demonstrated their knowledge of third-party reporting options. Both residents and staff reported that family members or others may report on behalf of a resident, and that residents may also report for one another. Site Observations: During the tour, “No Means No” flyers were observed to include third-party reporting information. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or

	sexual harassment on behalf of residents. The agency website for third-party reporting is as follows: dcrprea@wv.gov On 3.6.2026 at 6:28 pm the following email was sent to dcprea@wv.gov. My name is Karen Murray, and I am a PREA Auditor preparing to conduct audits of juvenile facilities in the state of West Virginia. Could you please describe the steps taken when an allegation of sexual harassment or sexual abuse is received through this email reporting mechanism? On 3.7.2026 at 12:220 pm the following response was received. When the emails come in here, we call the facility PCM and for the process (checklist, interviews) and depending on the seriousness we will also call the investigator responsible for that facility. If it comes from a family member or someone affiliated with the offender, we will respond from the DCRPrea and let them know we are addressing the situation at this time and have contacted the facility. If they have any further questions or concerns to reach back out. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Corporals 2. Case Manager / PREA Compliance Manager

	Interviews with Corporals demonstrated each understands and actively practices the requirement to immediately report all allegations of sexual abuse and sexual harassment, regardless of the source, including verbal reports from residents, third-party reports, grievances, or anonymous reports. The interview with the PREA Compliance Manager demonstrated that juvenile court officers and social workers are notified on the same day a sexual abuse allegation is received. Site Observations: The facility reported no sexual abuse allegations within the past 12 months; therefore, notifications were not applicable during the audit period. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against Residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. WVDCR PREA Policy Directive 430.00, page 15, section B., states, “All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the Superintendent and facility PCM. Staff may be subject to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.” (c) Lorrie Yeager Jr. Juvenile Center PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

	WVDCR PREA Policy Directive 430.00, page 17, section VIII. 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.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Assistant Commissioner of Compliance The interview with the Assistant Commissioner of Compliance demonstrated that the agency prioritizes appropriate classification and housing assignments to ensure resident safety. The Assistant Commissioner reported that the agency relies on the screening process to inform housing decisions and considers individual resident characteristics when determining placement. Efforts are made to ensure residents at risk of victimization are not housed with those who may pose a risk of abusive behavior. The Assistant Commissioner further demonstrated that when concerns are identified, staff engage directly with residents to assess potential threats or safety concerns. The agency utilizes special management housing options when necessary, which may include single housing or placement in areas with restricted access to others. While the agency seeks to avoid isolating residents unnecessarily, these measures are implemented when needed to ensure safety. Additional accommodations may include separate recreation time and participation in smaller group activities.

	(a) Lorrie Yeager Jr. Juvenile Center PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse was zero. WVDCR PREA Policy Directive 430.00, page 17, section B., states, “When facility staff learn that an offender is subject to 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.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Assistant Commissioner of Compliance The interview with the Assistant Commissioner of Compliance demonstrated that when a resident reports sexual abuse that occurred at another facility, the report is directed to the receiving facility, where the facility superintendent is notified and takes the initial report. The superintendent ensures the appropriate response is initiated, including contacting the facility investigator. The allegation is investigated in the same manner as if the offender were housed at the facility at the time of the incident, including coordination with the appropriate external law enforcement agency when applicable. The Assistant Commissioner reported no knowledge of such allegations occurring within the past 12 months; however, such reports have occurred historically.

	Site Observation: The facility had zero reported allegations of sexual abuse while a offender was confined at another facility in the past 12 months. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero. allegations that a resident was abused while in confinement at another facility. hours; assist with investigation, as needed." WVDCR PREA Policy Directive 430.00, page 17, section C., states, "Within seventy-two (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 by using the appropriate attachment within the PREA Manual. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards." (b) Lorrie Yeager Jr. Juvenile Center PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy compliance can be found in provision (a) of this standard. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a) of this standard. (d) Lorrie Yeager Jr. Juvenile Center PAQ states facility policy requires that allegations received from other agencies or facilities investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities. Policy compliance can be found in provision (a) of this standard.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Corporals Interviews with Corporals demonstrated each was aware of their first responder responsibilities. Staff reported that PREA information is posted throughout the facility and described taking immediate action to ensure resident safety. Staff stated they would separate the victim from the alleged perpetrator into one of three designated areas, remain with the victim, and ensure residents are safe. Staff further demonstrated knowledge of evidence preservation, stating they would not allow residents to wash, drink, or change clothing and would secure the area where the incident allegedly occurred until appropriate personnel respond. Staff reported they would notify their immediate supervisor or report through SAMS. Site Observations: The facility reported no sexual abuse allegations within the past 12 months. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect

	physical evidence, 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, 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. In the past 12 months, four allegations occurred where a resident was sexually abused. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was four. WVDCR PREA Policy Directive 430.00, page 17, section 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; and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the DCR coordinated response plan.” (b) Lorrie Yeager Jr. Juvenile Center PAQ states the facility’s’ policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. The PAQ states, “All staff are security staff.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Lorrie Yeager Jr. Juvenile Center PAQ

2. WVDCR Coordinated Response Plan, date 8.2019

Interviews:

1. Corporals

2. Case Manager / PREA Compliance Manager

3. Superintendent

Interviews with facility staff demonstrated that the agency maintains a written coordinated response plan to address actions taken in response to allegations of sexual abuse and sexual harassment.

The interview with the Superintendent demonstrated that a policy revision is currently in process; however, the coordinated response plan is available on the intranet and as a hard copy in the Control Room. The Superintendent further reported that during any incident of sexual abuse, the PREA Compliance Manager utilizes a checklist to coordinate the response and ensure all required steps are followed. Each department signs off once their responsibilities have been completed.

Site Observations:
Review of agency policy demonstrated clear direction to staff regarding coordinated response procedures and fulfillment of first responder duties.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility provided a WVDCR Coordinated Response Plan. The plan includes the following components.

· First Responder

· Shift Supervisor

· Facility Investigator

	· Emergency Examinations and Testing · Medical and Medical Health · Facility PREA Compliance Manager Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ Interviews: 1. Assistant Commissioner of Compliance The interview with the Assistant Commissioner of Compliance demonstrated the agency has not entered into any collective bargaining agreements. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf or has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Refusal for follow-up Monitoring Acknowledgment, dated 8.2019 4. Office of PREA Compliance Agency Protection Against Retaliation for Offenders Form, dated 3.12.2025 5. Office of PREA Compliance Agency Protection Against Retaliation for Employees Form, dated 3.12.2025 6. WVDCR Superintendent Reporting to Other Confinement Facilities Form, dated 8.2019 Interviews: 1. Unit Manager 2. Assistant Commissioner of Compliance The interview with the Unit Manager demonstrated that residents are introduced to retaliation monitoring procedures upon receipt of an allegation of sexual abuse and reminded during follow-up meetings with the victim. The Unit Manager reported that monitoring is documented at 30-, 60-, and 90-day intervals, or longer if necessary. Monitoring includes review of housing changes, behavior patterns, unusual incidents, and ongoing direct communication with the resident to ensure continued safety. The interview with the Assistant Commissioner of Compliance demonstrated the agency approaches all aspects of PREA with a zero tolerance policy. The Assistant Commissioner reported that staff take immediate steps to separate individuals to prevent further victimization or retaliation. When allegations involve staff, appropriate disciplinary actions are taken, and all cases are referred to outside prosecutors, although prosecution decisions are at their discretion. The Assistant Commissioner further demonstrated that services are offered to all victims. He emphasized a preference to remove the alleged abuser from the situation rather than relocating the victim; however, alternative housing options are available if the victim requests relocation. Additionally, the agency has the ability to transfer residents to another facility or coordinate with another agency when necessary to ensure safety.

Site Observations:
The facility reported no sexual abuse allegations within the past 12 months.

(a/e) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has 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. The agency designates the PREA Compliance Manager with the responsibility of retaliation monitoring.

WVDCR PREA Policy Directive 430.00, page 18, section G., states, “The DCR shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse for at least ninety (90) days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. Items the DCR should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DCR shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need. These efforts shall be documented by using the appropriate attachment within the PREA Manual. Such monitoring shall include periodic status checks. The obligation to monitor for retaliation shall terminate if the allegation is unfounded. If any individual who cooperates with an investigation expresses a fear of retaliation, the DCR shall take appropriate measures to protect that individual against retaliation. The facility shall act promptly to remedy any such retaliation. Action taken to protect staff or offenders shall be documented and reported to the Office of PREA Compliance within twenty-four (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.”

The agency provided a Refusal for Follow-up Monitoring form demonstrating that youth sign an acknowledgment indicating their understanding of retaliation monitoring.

The agency provided an Office of PREA Compliance Agency Protection Against Retaliation for Offenders form demonstrating the following is documented.

- Facility / PREA-Investigation #:
- Offender / OID#

	· 30 / 60 / 90 Day Inmate Monitoring o Disciplinary Reports o Housing / Program Changes o Negative performance reviews o Other · Offender Signature / Date · PCM Signature / Date The agency provided Office of PREA Compliance Agency Protection Against Retaliation for Employees form demonstrating the following is documented. · Facility / PREA/Investigation#: / Staff · 30 / 60 / 90 day Employee Monitoring o Performance Reviews o Performance o Reassignment o Employee Behavior o Employer Fear of Retaliation · Employee's Supervisor Signature / Date · PCM Signature / Date In addition, the agency provided the WVDCR Superintendent Reporting to Other Confinement Facilities form demonstrating that notifications to receiving facilities are documented by the Office of PREA Compliance via telephone and in writing. (b) WVDCR PREA Policy Directive 430.00, page sexual abuse or sexual harassment for cooperating with investigations." (c/d) Lorrie Yeager Jr. Juvenile Center PAQ states the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any

	changes that may suggest possible retaliation by residents or staff. The number of times an incident of retaliation occurred in the past 12 months was zero. Policy compliance can be found in provision (a) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Case Manager / PREA Compliance Manager The interview with the PREA Compliance Manager demonstrated that residents are separated by tier within the dorm, as well as through classroom and recreation assignments, to ensure the victim does not come into contact with the alleged aggressor during their stay at the facility. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero. WVDCR PREA Policy Directive 430.00, page 14, section M. states, “Offenders 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 twenty-four (24) hours while

	completing the assessment.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Deputy Director CIU Unit / Investigator The interview with the Investigator demonstrated a comprehensive understanding of investigative processes related to sexual abuse and sexual harassment in confinement settings. The Investigator articulated training in specialized areas, including techniques for interviewing juvenile sexual abuse victims, proper application of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria required to substantiate cases for administrative findings or referral for criminal prosecution. The Investigator demonstrated that responses to allegations begin immediately. For allegations of sexual harassment, staff ensure separation of involved parties, involve medical and mental health services as needed, and initiate the appropriate response checklist. For allegations of sexual abuse, the Investigator reported responding immediately, gathering information at the outset, and initiating the investigative process without delay. The Investigator further demonstrated knowledge of crime scene management, including documenting initial observations, collecting witness statements, taking photographs, reviewing incident reports, and following forensic protocols, including coordination with SANE services and ensuring preservation of evidence.

	The Investigator demonstrated the use of appropriate interview and evidence-gathering techniques, including voluntary statements and application of Miranda protocols when applicable. The Investigator emphasized that investigations are guided by the evidence collected, stating that all available sources—including statements, reports, and electronic data—are reviewed and compared to ensure accuracy and consistency. The Investigator further demonstrated an objective and evidence-based approach to investigations, stating that findings are based solely on facts and evidence rather than opinion. The Investigator reported that all allegations are taken seriously, even when individuals have made repeated reports, and emphasized the importance of fairness and consistency in the investigative process. Determinations are limited to substantiated, unsubstantiated, or unfounded findings, and investigations are documented thoroughly to support administrative and potential criminal proceedings. The Investigator demonstrated ongoing collaboration with law enforcement, stating that cases are referred when substantiated and investigated in coordination when appropriate. The Investigator further reported that investigations continue regardless of the availability of the victim, alleged perpetrator, or witnesses, and that all relevant information is shared with law enforcement throughout the investigative process. Both administrative and criminal investigations are documented using the same reporting format to ensure consistency and completeness. Site Observation: The facility had four sexual harassment investigations. each completed timely, thoroughly and objectively. Of the four investigations reviewed one was unfounded and three were substantiated. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. WVDCR PREA Policy Directive 430.00, page 18, section VIII., Investigations, 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.”

(d) Lorrie Yeager Jr. Juvenile Center PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation.

WVDCR PREA Policy Directive 430.00, page 20, section 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.”

(i) Lorrie Yeager Jr. Juvenile Center PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was one.

WVDCR PREA Policy Directive 430.00, page 20, section K., states, “At the conclusion of the investigation, the investigator will prepare an investigative report that documents a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and all documentary evidence when feasible. The investigative findings will indicate whether the evidence supports a finding that sexual abuse has occurred (substantiated), the allegation is false (unfounded), or the evidence is inconclusive (unsubstantiated). If the case has not already been referred for criminal prosecution, the investigator will refer substantiated allegations of conduct that appears to be criminal for prosecution in the county where the assault occurred. If any State entity or Department of Justice component conducts investigations shall do so pursuant to the above requirements.”

(j) Lorrie Yeager Jr. Juvenile Center PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Deputy Director CIU Unit / Investigator The interview with the Investigator demonstrated that the facility applies a preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated or unsubstantiated for administrative investigations. The Investigator further demonstrated that criminal investigations are conducted in coordination with law enforcement, which applies legal standards such as probable cause and beyond a reasonable doubt, as appropriate. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. WVDCR PREA Policy Directive 430.00, page 20, section 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.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.373	Reporting to residents

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Office of PREA Compliance – Offender Outcome Notification Form, date 3.11.2025 Interviews: 1. Deputy Director CIU Unit / Investigator The interview with the Investigator demonstrated that the PREA Coordinator is notified of the outcome of administrative investigations and, in turn, informs the facility PREA Compliance Manager, who is responsible for providing notification to residents. For criminal investigations, the Investigator reported that determinations are made in coordination with law enforcement; however, the facility does not consistently receive information regarding whether a perpetrator is charged or convicted. Site Observation: Review of the two unsubstantiated sexual abuse investigations demonstrated documentation of one resident notification had been completed, after December 2022, sustaining the facilities' internal corrective action as is noted in the above interview notes. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/ facility in the past 12 months was four. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was four. WVDCR PREA Policy Directive 430.00, page 20, section 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." The agency provided completed Office of PREA Compliance – Offender Outcome Notification forms demonstrating the following is documented. · Facility / Offender Name / OID#: / Date · Outcome · Date of Request / Date Request Received · Additional notification if the allegation involved staff as a perpetrator (unless unfounded). · Additional notification of the allegation involved an offender as a perpetrator (unless unfounded). · Offender acknowledgement / Date · PREA Compliance Manager Signature or Designee / Date (b) Lorrie Yeager Jr. Juvenile Center PAQ states if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been zero investigations of alleged resident sexual abuse. Policy compliance can be found in provision (a) of this standard. (c) Lorrie Yeager Jr. Juvenile Center PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/ facility subsequently does inform the Resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the Resident's unit. • The staff member is no longer employed at the facility. • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

	(d) Lorrie Yeager Jr. Juvenile Center PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (e) Lorrie Yeager Jr. Juvenile Center PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been four documented notifications to a resident, pursuant to this standard. WVDCR PREA Policy Directive 430.00, page 21, section O., states, "All notifications or attempted notifications shall be documented and sent to the offenders current DCR placement or address on file. The facility's obligation to report under this policy shall terminate if the offender is released from the Division's custody." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Superintendent The interview with the Superintendent demonstrated that, depending on the nature of the allegation, staff may be disciplined and receive retraining. The Superintendent further reported that, when warranted, staff may be removed from

	the area where the alleged incident occurred or placed on administrative leave pending the outcome of the investigation. In cases where an allegation is substantiated, staff may be terminated, and any relevant licensing bodies are notified. Site Observations: In the past 12 months, the facility reported no staff were formally disciplined for violations of agency policy related to sexual abuse or sexual harassment. (a) Lorrie Yeager Jr. Juvenile Center PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. WVDCR PREA Policy Directive 430.00, page 21, section IX. Staff Discipline, 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.” (b) Lorrie Yeager Jr. Juvenile Center PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero. (c) Lorrie Yeager Jr. Juvenile Center PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

	In the past 12 months there has been zero staff requiring discipline for sexual abuse or sexual harassment. Policy compliance can be found in provision (a) of this standard. (d) Lorrie Yeager Jr. Juvenile Center PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, one staff have been terminated for sexual abuse or harassment. Policy compliance can be found in provision (a) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Superintendent The interview with the Superintendent demonstrated that any volunteer or contractor who engages in sexual abuse would be subject to the same response protocols as staff. The Superintendent reported that such individuals would be removed from the facility, and the CID investigator would determine whether law enforcement notification is warranted. The individual’s supervisor would be notified, the individual would be prohibited from returning to the facility, and any applicable licensing boards would be contacted. Site Observations: In the past 12 months, the facility reported no volunteers or contractors were

	subject to disciplinary action for violations of agency policy related to sexual abuse or sexual harassment. (a) Lorrie Yeager Jr. Juvenile Center PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents. WVDCR PREA Policy Directive 430.00, page 21, section 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 knowingly condones sexual abuse or sexual harassment of an offender shall be subject to appropriate disciplinary action. Retaliatory action against any individual who reports or is involved in a sexual abuse or sexual harassment investigation is strictly prohibited. Any contractor, volunteer, intern or any individual who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies.” (b) Lorrie Yeager Jr. Juvenile Center PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Policy compliance can be found in provision (a) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ

2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022

Interviews:

1. Superintendent

The interview with the Superintendent demonstrated that all appropriate measures are taken to ensure the safety of all parties following an incident. The Superintendent reported that notifications to mental health, courts, family members, and social workers are made on the same day the incident is reported. Depending on the circumstances, resident aggressors may be transferred and placed on a no-contact list within the system and would be reported to law enforcement.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been five administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there has been zero criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was one.

WVDCR PREA Policy Directive 430.00, page 22, section C., states, “All sexual contact, whether voluntary or forced, between offenders is prohibited and subject to disciplinary action. Any mutual sexual contact between offenders is a rule violation but shall not constitute sexual abuse. Offenders shall be subject to disciplinary sanctions pursuant to an investigation that concluded that the offender engaged in offender-on-offender sexual abuse. 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 offenders with similar histories. The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his/her 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.”

(d) Lorrie Yeager Jr. Juvenile Center PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying

	reasons or motivations for abuse. However, the facility does not require participation as a condition of access to programming or other benefits. (e) Lorrie Yeager Jr. Juvenile Center PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. (f) Lorrie Yeager Jr. Juvenile Center PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. (g) Lorrie Yeager Jr. Juvenile Center PAQ states the agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Policy compliance can be found in provision (a) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Random Residents 2. Targeted Residents 3. LPN / HSN - Contractor

	4. Therapist - Contractor Interviews with residents demonstrated they were offered mental health services during the intake process, regardless of whether the resident had experienced prior sexual abuse or exhibited sexually abusive behavior. The interview with the LPN demonstrated that limitations to confidentiality are disclosed verbally upon initiation of services. The interview with the Therapist demonstrated that limitations to confidentiality are also disclosed in writing upon initiation of services. The Therapist further reported that mental health referrals are initiated by staff completing risk assessments and that residents are seen promptly following any disclosure of sexual victimization or abusiveness. Site Observations: Utilization of the PREA Audit – Juvenile Facilities Documentation Review – Resident Files/Records template demonstrated that each targeted resident who disclosed prior sexual victimization and/or abusiveness was offered mental health services upon receipt of the disclosure. (a) Lorrie Yeager Jr. Juvenile Center PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. 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 was 100%. WVDCR PREA Policy Directive 430.00, page 14, section J., 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 fourteen (14) days of the intake screening.” (b) Lorrie Yeager Jr. Juvenile Center PAQ states all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months 100% residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process.

	(c) Lorrie Yeager Jr. Juvenile Center PAQ states information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. (d) Lorrie Yeager Jr. Juvenile Center PAQ states 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. WVDCR PREA Policy Directive 430.00, page 22, section XI. Medical and Mental Health, 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 offenders at the initiation of services of their duty to report and the limitations of confidentiality. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting unless the offender is under the age of eighteen (18).” Based on interviews, documentation, and observations, the facility exceeds compliance with this standard. The facility demonstrates a proactive approach by offering mental health services at intake regardless of disclosure, ensuring immediate follow-up for identified needs, and reinforcing confidentiality practices through both verbal and written communication. The timeliness and consistency of these practices reflect a strong commitment to resident care and support.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ

2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022

Interviews:

1. LPN / HSN - Contractor

2. Therapist - Contractor

Interviews with medical and mental health practitioners demonstrated each would provide residents with immediate access to emergency medical and mental health services upon receipt of an allegation of sexual abuse.

(a) Lorrie Yeager Jr. Juvenile Center PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

WVDCR PREA Policy Directive 430.00, page 23, section 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 an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. Offenders who may require SAFE/SANE exam may not refuse such exams at the facility level. The DCR shall document efforts to provide a SAFE or SANE, 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. The facility shall maintain a SAFE/SANE log documenting when these services were attempted or utilized.”

(c) Lorrie Yeager Jr. Juvenile Center PAQ states resident victims of sexual abuse while incarcerated are 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. Policy compliance can be found in provision (a) of this standard. (d) Lorrie Yeager Jr. Juvenile Center PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy compliance can be found in provision (a) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. LPN / HSN - Contractor 2. Therapist - Contractor Interviews with medical and mental health practitioners demonstrated that ongoing treatment recommendations provided by hospital personnel are followed as directed. Both practitioners reported that appropriate evaluations are developed promptly upon notification of a resident’s need for services. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility offers 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. WVDCR PREA Policy Directive 430.00, page 23-24, section F., states, “DCR facilities shall offer medical and mental health evaluation and, as appropriate, treatment to

	all offenders who have been victimized by sexual abuse within any facility. Offenders will be offered follow-up medical and mental health services consistent with the community level care as well as access to outside victim advocates for emotional support services related to sexual abuse. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to placement to other facilities or release from custody." (d-e) Lorrie Yeager Jr. Juvenile Center PAQ states female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. (f) Lorrie Yeager Jr. Juvenile Center PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. (g) Lorrie Yeager Jr. Juvenile Center PAQ states treatment services are 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. (h) Lorrie Yeager Jr. Juvenile Center PAQ states if the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Based on interviews, the facility exceeds compliance with this standard. The facility demonstrates a commitment to continuity of care by promptly implementing treatment recommendations from external medical providers and ensuring timely follow-up evaluations, supporting ongoing resident health and recovery.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ

	2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Office of PREA Compliance PCM/Investigator Review Administrative Investigations Form, dated 3.9.2025 4. Office of PREA Compliance Sexual Abuse Incident Review Form, dated 3.10.2025 Interviews: 1. Case Manager / PREA Compliance Manager The interview with the PREA Compliance Manager demonstrated that the sexual abuse incident review team is comprised of the PREA Compliance Manager, Investigator, Superintendent, Lieutenant, and the Office of PREA Compliance – PREA Director. The PREA Compliance Manager reported that, upon review of an incident, the team evaluates whether operational changes are necessary, identifies areas of concern, reviews the logistics of the incident, and assesses group dynamics. The PREA Compliance Manager further demonstrated that oversight of the implementation of recommendations for compliance sustainability is the responsibility of the PREA Compliance Manager, Superintendent, and Chief of Security. Site Observations: The facility reported no sexual abuse allegations within the past 12 months. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there have been four criminal or administrative investigations of alleged sexual abuse completed at the facility. WVDCR PREA Policy Directive 430.00, page 24, section XII. Data Collection and Review, A., states, “The Office of PREA Compliance, in collaboration with the facility PCM shall conduct a Sexual Abuse Incident Review within thirty (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.”

	The agency provided an Office of PREA Compliance PCM/Investigator Review Administrative Investigations form demonstrating that the following is documented. · Related PREA Review # / CID # · Outcome · PREA Compliance Manager / Investigator Signature / Date The agency provided an Office of PREA Compliance Sexual Abuse Incident Review form, demonstrating that the following is documented. · Team: First Responder/ Team member on the scene, Shift Supervisor, Department medical team member, Department mental health team member, Investigator, PREA Compliance Manager, Superintendent or Designee, if substantiated: Agency PREA Coordinator · Names and OID# of offenders/staff involved · Location of incident · Incident date · Who reported the incident · Synopsis of Investigation · Allegation Determination · Opportunities/Areas for Improvement Include: · Changes in Policy/Practice Needed: · Incident Motivation · Staffing Levels · Monitoring Technology · Physical Plant Review of Incident · Conclusion and recommended changes, if any: · Signatures and date of the PREA Compliance Manager, Superintendent, and Investigator (b) Lorrie Yeager Jr. Juvenile Center PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative

	investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents was four. Policy compliance can be found in provision (a) of this standard. (c) Lorrie Yeager Jr. Juvenile Center PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. (d) Lorrie Yeager Jr. Juvenile Center PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and Operations Lead / PREA Compliance Manager. WVDCR PREA Policy Directive 430.00, page 24, section B. states, “The review committee shall: 1. Consider whether the allegation or investigation indicates need to change policy or practice to better detect, or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; and 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.” (e) Lorrie Yeager Jr. Juvenile Center PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so. WVDCR PREA Policy Directive 430.00, page 24, section C., states, “The facility shall document the recommendations for improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review. “

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 Interviews: 1. Assistant Commissioner of Compliance The interview with the Assistant Commissioner of Compliance demonstrated that the agency conducts annual data reviews to identify trends and areas for improvement. The Assistant Commissioner reported that each program is required to submit an end-of-year report capturing PREA-related data, including the number of allegations originating from jails, prisons, and juvenile facilities. This data is reviewed in collaboration with the PREA Coordinator and the Criminal Investigations Division (CID) Director to identify trends, spikes, and potential areas of concern. The information is used to assess training needs, evaluate current practices, and determine appropriate responses, including staffing adjustments when necessary. The Assistant Commissioner further demonstrated that the PREA Coordinator generates the annual report, which is reviewed by executive leadership, including the Deputy Commissioner, Commissioner, and ultimately the Cabinet Secretary. (a)/(c)-1,2 Lorrie Yeager Jr. Juvenile Center PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (b) Lorrie Yeager Jr. Juvenile Center PAQ states the agency aggregates the incident-based sexual abuse data at least annually. Practice compliance can be found in

	§115.388 through the agency PREA Annual Report (d) Lorrie Yeager Jr. Juvenile Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) Lorrie Yeager Jr. Juvenile Center PAQ states this provision is applicable as the agency does not have private facilities with which it contacts for the confinement of its residents. (f) Lorrie Yeager Jr. Juvenile Center PAQ states the agency did not provide the Department of Justice (DOJ) with data from the previous calendar year upon request. The agency provided the Department of Justice with data in year 2025. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 3. Annual PREA Report 2023-2025 Interviews: 1. Assistant Commissioner of Compliance The interview with the Assistant Commissioner of Compliance demonstrated that each program is required to submit an end-of-year report capturing relevant data and trends. For PREA-related data, reports include information from jails, prisons,

	and juvenile facilities. The Assistant Commissioner reported that he reviews this data in collaboration with the PREA Coordinator and the Criminal Investigations Division (CID) Director to identify trends, spikes, and areas of concern. He further demonstrated that the agency uses this data to evaluate training needs and operational practices, assess what the data is indicating, and identify underlying issues. When concerns such as staffing shortages are identified, the agency evaluates and implements appropriate responses, including reassigning staff to affected facilities as needed. (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency reviews 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, and training, including: · Identifying problem areas; · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The facility provided an Annual Report for years 2023-2025. The report documents the following information. I. Overview and Mission II. Audit Status & Progress III. Aggregate Data IV. Staff and Contractor Accountability V. Victim Support & Protection from Retaliation VI. Conclusion & Future Goals for the Prisons and Jails (b) Lorrie Yeager Jr. Juvenile Center PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. Practice compliance is demonstrated through the agency annual reports.

	(c) Lorrie Yeager Jr. Juvenile Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. The following is the agency website where the annual reports will be located at https://dcr.wv.gov/resources/siteassets/pages/publications/2025.pdf (d) Lorrie Yeager Jr. Juvenile Center PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Lorrie Yeager Jr. Juvenile Center PAQ 2. WVDCR PREA Policy Directive 430.00, dated 10.7.2022 (a) Lorrie Yeager Jr. Juvenile Center PAQ states the agency ensures that incident-based and aggregate data are securely retained. (b) Lorrie Yeager Jr. Juvenile Center PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. (c/d) Lorrie Yeager Jr. Juvenile Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Based on the review of documentation, observations, and interviews, the facility

	meets the standard requirements.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once. (b) This is the fifth audit cycle and the first year of the audit cycle. (h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility. (e) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). a The Auditor was permitted to conduct private interviews with residents. b Offenders were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. Through such reviews, the facility meets the standards requirements.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(b) The agency has posted the current 2023 PREA audit report, on their website.

	Through such reviews, the facility meets the standards requirements.

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	yes

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

	functions of the facility? (N/A for non-secure facilities)	
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
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	yes

	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.)	
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	yes

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

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	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	**Specialized training: Investigations**	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	**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	**Obtaining information from residents**	

(a)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	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	yes

	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.)	
	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?	no
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	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
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	yes

	prosecution?	
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	yes

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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	**Access to emergency medical and mental health services**	

(d)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	the confinement of its residents.)	
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.)	na
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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