

PREA Facility Audit Report: Final

Name of Facility: James H. Tiger Morton Juvenile Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/13/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: RaShondra M Jones	Date of Signature: 02/13/2025

AUDITOR INFORMATION	
Auditor name:	Jones, Rashondra
Email:	senojconsulting13@gmail.com
Start Date of On-Site Audit:	09/12/2024
End Date of On-Site Audit:	09/13/2024

FACILITY INFORMATION	
Facility name:	James H. Tiger Morton Juvenile Center
Facility physical address:	60 Manfred Holland Way, Dunbar, West Virginia - 25064
Facility mailing address:	1409 Greenbrier Street, Charleston, West Virginia - 25064

Primary Contact

Name:	Amanda McGrew
Email Address:	amanda.d.mcgreg@wv.gov
Telephone Number:	3045506713

Superintendent/Director/Administrator	
Name:	David Murphy
Email Address:	david.e.murphy2@wv.gov
Telephone Number:	304-766-2616

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

Facility Health Service Administrator On-Site	
Name:	Tammy Morgan
Email Address:	tammy.morgan@wexfordhealth.com
Telephone Number:	304-766-2616

Facility Characteristics	
Designed facility capacity:	23
Current population of facility:	32
Average daily population for the past 12 months:	28
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Both womens/girls and mens/boys

<p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
<p>Age range of population:</p>	12 - 20
<p>Facility security levels/resident custody levels:</p>	Medium
<p>Number of staff currently employed at the facility who may have contact with residents:</p>	48
<p>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</p>	16
<p>Number of volunteers who have contact with residents, currently authorized to enter the facility:</p>	24

AGENCY INFORMATION	
<p>Name of agency:</p>	West Virginia Division of Corrections and Rehabilitation
<p>Governing authority or parent agency (if applicable):</p>	WV Department of Homeland Security
<p>Physical Address:</p>	1409 Greenbrier Street, Charleston, West Virginia - 25311
<p>Mailing Address:</p>	WV Division of Corrections & Rehabilitation, 1409 Greenbrier St., Charleston, West Virginia - 25311
<p>Telephone number:</p>	3045582036

Agency Chief Executive Officer Information:	
<p>Name:</p>	William K Marshall III

Email Address:	William.K.Marshall@wv.gov
Telephone Number:	304-558-2036

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-09-12
2. End date of the onsite portion of the audit:	2024-09-13

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	CAMC Advocacy Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	23
15. Average daily population for the past 12 months:	28
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	29
19. 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
20. 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:	0
21. 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
22. 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
23. 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
24. 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:	2

<p>25. 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:</p>	<p>0</p>
<p>26. 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:</p>	<p>0</p>
<p>27. 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:</p>	<p>1</p>
<p>28. 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:</p>	<p>0</p>
<p>29. 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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. 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:</p>	<p>48</p>
<p>31. 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:</p>	<p>35</p>

32. 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:	18
33. 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	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random sample. No specific tool was used.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. 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):	All random residents selected agreed to be interviewed.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>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".</p>	
40. 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
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>40. 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).</p>	<p>Conversations with staff and random resident interviews were used to determine there were not any residents with physical disabilities.</p>
<p>41. 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:</p>	<p>0</p>
<p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>41. 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).</p>	<p>Conversations with staff and random resident interviews were used to determine there were not any cognitive or functional disabilities.</p>
<p>42. 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:</p>	<p>0</p>

<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. 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).</p>	<p>Conversations with staff and random resident interviews were used to determine there were not any residents blind or had low vision.</p>
<p>43. 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:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. 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).</p>	<p>Conversations with staff and random resident interviews were used to determine there were not any residents that were deaf or hard of hearing.</p>
<p>44. 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:</p>	<p>0</p>

<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>44. 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).</p>	<p>Conversations with staff and random resident interviews were used to determine there were not any residents with limited English proficiency.</p>
<p>45. 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:</p>	<p>2</p>
<p>46. 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:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. 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).</p>	<p>Conversations with staff and random resident interviews were used to determine there were not any residents who identify as transgender or intersex.</p>

<p>47. 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:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. 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).</p>	<p>Conversations with staff and random resident interviews were used to determine there were not any residents that reported sexual abuse in the facility.</p>
<p>48. 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:</p>	<p>1</p>
<p>49. 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:</p>	<p>0</p>

<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. 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).</p>	<p>Conversations with staff and random resident interviews were used to determine there were not any residents who were placed in segregated housing/isolation/time out for risk of sexual victimization.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No residents were segregated housing/ isolation during the onsite visit due to PREA-related matters, the auditor did interview a resident who was in isolation for non-related events. The resident stated he was able to receive daily exercise, administrative visits, mental health and medical staff visits.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All staff was welcoming and agreed to be interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>59. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

60. 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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	All specialized staff was welcoming and agreed to be interviewed.

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.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor had access to all parts of the facility and was able to speak to both staff and residents during the on-site visit.</p>
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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.

<p>70. 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?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor was able to view all documentation requested.</p>
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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.

72. 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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

73. 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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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.

74. 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

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

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

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.

76. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
78. Explain why you were unable to review any sexual abuse investigation files:	There were nor any to review.

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were not any to review.</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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

96. 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

97. 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

Identify the name of the third-party auditing entity

Diversified Correctional Services, Inc.

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H “Tiger” Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 1-25 - DCR Org Chart - PREA Compliance Table of Org 2-2021 - TMJC Org Chart

2. Discussions/Interviews with:

- Agency PREA Coordinator
- TMJC PREA Compliance Manager
- TMJC Superintendent

Assessment and cross-referencing of data: this standard mandates the agency to uphold a zero-tolerance stance against all types of sexual abuse and harassment. The TMJC PAQ, filled out by agency representatives, confirms that the agency's zero-tolerance policy is outlined in WVDCR PD 430.00.

WVDCR Policy 430.00 page 4 states: DCR has a zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment.

Sexual activity between staff and offenders, volunteers or contract personnel and offenders, and offender and offender, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions up to and including dismissal and prosecution pursuant to West Virginia Code and DCR Policy and procedure.

WVDCR Policy 430.00 page 4 states: The DCR Director of PREA Compliance along with DCR PREA Coordinators and designated support staff shall make up the Office of PREA Compliance and will have sufficient time and authority to develop, implement, coordinate and oversee DCR efforts to comply with the PREA standards in all facilities.

The agency has appointed a high-level, agency-wide PREA coordinator with adequate time and authority to develop, implement, and supervise efforts to comply with PREA standards across all its facilities. The role of PREA coordinator is included in the agency's organizational structure.

WVDCR Policy 430.00 page 4 states: Each facility Superintendent within DCR shall designate a PREA Compliance Manager, who will be the second highest ranking person. Those serving as PREA Compliance Managers within the Bureau of Juvenile Services upon the effective date of this policy will remain in effect at the discretion of the Director of PREA Compliance.

The PREA Compliance Manager is listed on the TMJC organizational chart under the title of Case Manager/PCM. She has verified that she does not possess the necessary time and authority to coordinate the facility's compliance with PREA standards.

After reviewing and analyzing the available evidence, the auditor has concluded that both the agency and facility fully comply with the standard that mandates a zero-tolerance policy towards sexual abuse and harassment, as well as the appointment of a PREA Coordinator and PREA Compliance Manager. No corrective actions are needed.

115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) -YSS Bid 011520 -Youth Services System Inc. Contract 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Agency PREA Coordinator <p>Assessment and cross-referencing of data: this standard mandates the agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. The TMJC PAQ, filled out by agency representatives, indicated the agency's standard for contracting with organizations providing placement services for children is outlined in WVDCR PD 430.00 p. 4 D.</p> <p>PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA standards.</p> <p>Since the last audit, the number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies is 2 and the number of above contracts that DID NOT require contractors to adopt and comply with PREA standards is 0.</p> <p>WVDCR PD 430.00 p. 4 states any new contract or contract renewal for the confinement of offenders shall include an obligation to:</p> <ol style="list-style-type: none"> 1. Comply with PREA Standards; 2. Comply with DCR policy; and 3. Ensure that the contracted facility is complying with the PREA standards by monitoring the facility performance. <p>The PREA Coordinator confirmed that all new and renewed contracts are monitored to ensure that the contractors are complying with the PREA standards.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that both the agency and facility comply with the standard regarding contracting</p>

	with other entities for the confinement of residents. No corrective action is needed.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 4, 6 and 23 -TMJC Organization Chart -TMJC Position List -Housing Unit Identification Memo - TMJC Unannounced Rounds Log 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Agency PREA Coordinator - TMJC PREA Compliance Manager - TMJC Superintendent -TMJC Intermediate or Higher-Level Facility Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> -Observations during on-site review of physical plant <p>Assessment and cross-referencing of data: this standard mandates the facility to have a staffing plan to protect residents against sexual abuse. The TMJC PAQ, filled out by agency representatives, confirms that the facility's supervision and monitoring plan is outlined in WVDCR PD 430.00.</p> <p>PAQ: Since the 2021 PREA audit:</p>

The average daily number of residents: 30

The average daily number of residents on which the staffing plan was predicated:
23

WVDCR PD 430.00 Page 5: 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 offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

1. Generally accepted juvenile detention and correctional practices.
2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies
5. All components of the facility's physical plant (including blind spots or areas where staff or offenders may be isolated).
6. The composition of the offender population.
7. The number and placement of supervisory staff.
8. Facility programs occurring on various shifts.
9. Any applicable State or local laws, regulations or standards.
10. Any prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Any other relevant factors.

The auditor reviewed the facility staffing plan review. The staffing plan review completely meets the standard provision requirements.

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

WVDCR PD 430.00 p. 5 states in circumstances where the staffing plan is not complied with, the facility PCM or designee shall document the noncompliance, in writing, and justify all deviations from the plan. This documentation will be forwarded to the Superintendent, appropriate Assistant Commissioner and the Office of PREA Compliance.

WVDCR PD 430.00 p. 5 states: Whenever necessary, but no less frequently than once a year, the Facility PREA Compliance Manager from each facility, in consultation with the Office of PREA

	<p>Compliance, shall assess, determine and document whether adjustments are needed to:</p> <ol style="list-style-type: none"> 1. The PREA staffing plans; 2. Prevailing staffing patterns; 3. The facility's deployment of video monitoring systems and other monitoring technologies; 4. The resources the facility has available to commit to ensure adherence to the staffing plan. <p>WVDCR Policy 430.00 p. 6 states: In an effort to identify and deter staff sexual abuse and sexual harassment, the Facility Superintendent shall ensure that the PREA Compliance Manager is completing unannounced rounds on all shifts. These rounds will be conducted in all areas of the facility, specifically in all offender living areas. Completion of unannounced rounds shall be documented in the appropriate database.</p> <p>WVDCR Policy 430.00 p. 6 states: Any staff member found to be alerting other staff that these rounds are occurring will be subject to disciplinary action unless such an announcement is related to the legitimate operational functions of the facility.</p> <p>There have been no deviations from the staffing plan in the past twelve months. The facility ensures that staffing ratios are maintained for all shifts consistently. To meet these standards, the facility may either extend staff shifts or seek assistance from staff at other facilities. This was verified during an interview with the Superintendent. The facility maintains a staff-to-resident ratio of 1:8 during waking hours and a ratio of 1:16 during sleeping hours.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that facility fully comply with the standard regarding supervision and monitoring. No corrective actions are needed.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive

430.00 Prison

Rape Elimination Act (PREA) Compliance page 6

-Exigent Circumstances memo February 2021

- Staff Training 2023-2024

2. Discussions/Interviews with:

- TMJC Superintendent

-Agency PREA Coordinator

-TMJC PREA Compliance Manager

-Random Staff

-Random Residents

3. Site Review Observations:

-Observations of students and staff during on-site visit

Assessment and cross-referencing of data: this standard mandates facilities to prohibit cross-gender viewing and searches, except in exigent circumstances or performed by medical practitioners. The TMJC PAQ completed by agency representatives confirms that the facility's limits to cross-gender viewing and searches policy is outlined in WVDCR PD 430.00 p. 6 H.

The WVDCR PD 430.00 states that all exigent cross-gender searches will be documented via incident report. The TMJC PAQ indicated 0 cross-gender pat down searches, 0 cross-gender strip searches, and 0 visual body cavity searches of residents conducted by non-medical staff in the past 12 months. The PAQ also indicated that 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

Interviews with residents verified that staff of the opposite gender have not conducted pat-down searches on them. Staff members confirmed that they are prohibited from performing cross-gender pat-down searches. None of the staff interviewed could provide an example of a situation that would justify such a search.

WVDCR PD 430.00 states that 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. The facility has also implemented that staff shall announce their presence every time they enter an offender housing unit of the opposite gender to indicate that there will be someone

	<p>of the opposite gender on the unit. This was confirmed through resident and staff interviews.</p> <p>PREA Site Review:</p> <p>Residents can shower, attend to bodily functions, and change clothes behind a door or door covering, depending on their assigned dormitory. The auditor noted that none of the bathrooms or showers are visible to cameras.</p> <p>PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero searches have been conducted in the past 12 months. The WVDCR PD 430.00 p. 7 states the facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining genital states. If unknown, staff should attempt to determine the genital status through conversations with the offender or by reviewing medical records. Staff interviews confirmed they are aware of this policy.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard of limits to cross-gender viewing and searches. No corrective actions are needed.</p>
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<p>115.316</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 6 & 7 - Interpreter Directory- WV Commission for the deaf and hard of hearing -West Virginia Registry of Interpreters - WVRI Interpreter Brochure for hiring entities - PREA Educational Brochure (DCR) Espanol - Juvenile Offender Orientation Espanol

- PGLS Translation Services

- WVCAN- CAC LEP Protocol

2. Discussions/Interviews with:

-Agency Head (Chief of Staff)

- Random Staff

- Resident (with disabilities or who are limited English proficient)

Assessment and cross-referencing of data: this standard mandates agencies to take reasonable steps to communicate effectively to residents with disabilities or who have limited English proficiency (LEP). The TMJC PAQ, filled out by agency representatives, confirms the procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of PREA are outlined in WVDCR PD 430.00.

PAQ: The agency has established procedures to provide disabled residents 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. And the agency has established procedures to provide residents with limited English proficiency 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.

WVDCR Policy 430.00 page 6 states facilities shall take reasonable steps to ensure all offenders with disabilities and those who are limited English proficient have meaningful access and equal opportunity to participate in or benefit from all aspects of the DCR's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall use the contracted translation services to facilitate communication with the offender. Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no 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 Chief of staff stated that services are provided upon request and the facility will provide the residents with disabilities and limited English proficiency the opportunity to participate in efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

PAQ: 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

	<p>resident's allegations.</p> <p>WVDCR Policy 430.00 page 7 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. Random residents, residents with disabilities, and random staff confirmed that offender residents are not used to translate to other offenders or they do not recall a need for these types of services in the past 12 months.</p> <p>During interviews with residents and facility staff, all indicated that the PREA information is easy to understand and staff reads the information to the residents. Both staff and residents stated that no residents were used as interpreters for other residents. The PAQ noted that 0 instances were resident interpreters, readers, or other types of resident assistants were used.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that both the agency and facility fully comply with the standard regarding residents with disabilities and residents who are limited English proficient. No corrective actions are needed.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 7 -Background check information 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Administrative Staff (Human Resources) - TMJC PREA Compliance Manager - Agency PREA Coordinator

Assessment and cross-referencing of data: this standard mandates the agency to conduct criminal background checks of employees and contractors who may interact with residents. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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 Policy 430.00 page 7 states: 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.

PAQ: Agency policy requires the consideration of 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.

WVDCR Policy 430.00 page 8 states: 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.

PAQ: 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: 13

WVDCR Policy 430.00 page 8 states: consistent with Federal, State, and local law, the DCR must make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The TMJC PAQ indicated the following with respect to employees and contractors:

	<p>- Number of staff currently employed at the facility who may have contact with residents= 48</p> <p>-Number of staff hired by the facility during the past 12 months who may have contact with residents= 13</p> <p>PAQ: 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, and</p> <p>-Number of contracts in the past 12 months for services with contractors who may have contact with residents= 0</p> <p>-Number of individual contractors who have contact with residents, currently authorized to enter the facility= 16</p> <p>-Number of volunteers who have contact with residents, currently authorized to enter the facility= 24</p> <p>PAQ: 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.</p> <p>WVDCR PD 430.00 p. 8 states DCR shall conduct criminal background checks of all employees, volunteers, interns and contractors every four (4) years.</p> <p>PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>WVDCR PD 430.00 P. 8 states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>The interview with the Human Resources staff revealed that all employees and contractors have to complete all of the background documents before hiring, at promotion and every 4 years. The documents consist of the DHHR Authorization and release for protective services and records check, DCR background investigation, Sexual misconduct questionnaire, and the 4-year PREA background check.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard regarding hiring and promotion decisions. No corrective actions are needed.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The evidence used to assess compliance with this standard consisted of:

1. Examination of documents included:

- James H "Tiger" Morton Juvenile Center (PAQ)
- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance
- Facility Floor Plan with cameras Can I get this?
- Camera List Can I get this as well

2. Discussions/Interviews with:

- Agency Head (Chief of Staff)
- TMJC Superintendent
- TMJC PREA Compliance Manager

Site Review/Observations:

- Findings during on-site examination of the physical infrastructure.

Assessment and cross-referencing of data: this standard mandates the agency to consider how any upgrades might affect or improve its ability to protect residents from sexual abuse. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

WVDCR PD 430.00 p. 8 states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DCR shall consider the effect of the design, acquisition, expansion, or modification upon the DCR's ability to protect offenders from sexual abuse. The facility PCM will be responsible for consulting with the Office of PREA Compliance, when the facility is installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology; the DCR shall consider how such technology may enhance the DCR's ability to protect offenders from sexual abuse.

The TMJC Superintendent and the Agency Chief of Staff confirmed that they have not acquired or designed a new facility and they had not installed or updated the video monitoring system, electronic surveillance system, or other monitoring technology. If they had considered it, they would consider how much technology may enhance the agency's ability to protect residents from sexual abuse.

	<p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard regarding upgrades to facilities and technologies. No corrective actions are needed.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 16 and 20 -WV State Police. The ChildFirst Forensic Interview Protocol 2. Discussions/Interviews with: <ul style="list-style-type: none"> -TMJC PREA Compliance Manager -Random Staff -Resident that Reported Sexual Abuse 3. Site Review/Observations: <ul style="list-style-type: none"> -Review of the FRIS Website <p>Assessment and cross-referencing of data: this standard mandates the agency to have a policy in place that ensures all allegations of sexual abuse and sexual harassment have an administrative or criminal investigation. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: The facility is responsible for conducting administrative sexual abuse</p>

investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The protocol is developmentally appropriate for youth.

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. Staff members, as designated by the Superintendent, shall do an inquiry on offender-on-offender harassment allegations. Corrections Investigation Division (CID), investigators will conduct investigations on all staff-on-offender allegations and offender-on-offender sexual abuse allegations. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation. Administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The protocol shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

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.

The facility will use the list of local hospitals that employ a SANE, to determine the appropriate medical provider to transport to. Any refusal by the offender to undergo the forensic exam, must be documented. If no qualified medical or mental health

practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

During the past 12 months:

The number of forensic medical exams conducted: 0

The number of exams performed by SANEs/SAFEs: 0

The number of exams performed by a qualified medical practitioner: 0

PAQ: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. 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.

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.

PAQ: If the agency is not 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.

When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the medical and mental health requirements of this

	<p>policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update the Office of PREA Compliance throughout the investigative process.</p> <p>The TMJC PCM and random staff confirmed they understood the agency’s protocol for obtaining usable physical evidence if a resident reported sexual abuse, and their role as a first responder of an alleged incident of sexual abuse.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard regarding evidence protocol and forensic medical examinations. No corrective actions are needed.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H “Tiger” Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 13 16 -CORR OPS 3 Policy- Investigative Unit Page 4 <p>2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> -Agency Head (Chief of Staff) - Agency PREA Coordinator -Investigative Staff -TMJC PCM <p>Site Review/Observations:</p> <ul style="list-style-type: none"> -Findings during on-site examination of the physical infrastructure. <p>Assessment and cross-referencing of data: this standard mandates the agency to</p>

have proper training that is tailored to the juvenile setting, to stop sexual abuse and sexual harassment in correctional facilities. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months:

The number of allegations of sexual abuse and sexual harassment that were received: 10

The number of allegations resulting in an administrative investigation: 10

The number of allegations referred for criminal investigation: 0

There were 10 administrative allegations and there were not any referred for criminal investigations in the past 12 months.

WVDCR Policy 430.00 page 18 states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

1. Individuals conducting these investigations will receive specialized training.
2. Staff members, as designated by the Superintendent, shall do an inquiry on offender-on-offender harassment allegations.
3. CID investigators will conduct investigations on all staff-on-offender allegations and offender-on-offender sexual abuse allegations.
4. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation.
5. Investigations will be promptly, thoroughly, and objectively completed for all allegations, including third party and anonymously reported allegations. The reports and all related documentation are to be entered in the appropriate tracking system.
6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations.

The Investigative staff confirmed that the agency guarantees the completion of an administrative or criminal investigation for every allegation of sexual abuse or sexual harassment.

PAQ: 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 agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

WVDCR policy 430.00-page 19 E: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the medical and mental health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update the Office of PREA Compliance throughout the investigative progress.

WVDCR policy 430.00-page 19 C: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

During the interviews with the Agency PREA Coordinator and Investigations both parties stated there were 10 administrative investigations of sexual abuse and/or sexual harassment in the past 12 months. The Agency PREA Coordinator reported that when an incident of sexual abuse/sexual harassment is alleged, the Agency PREA Coordinator and PREA Compliance Manager are notified by the Superintendent and then the Agency PREA Coordinator submits the information to the investigative staff. The investigators confirmed that they received the allegations from the Agency PREA Coordinator.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard regarding policies to ensure referrals of allegations for investigations. No corrective actions are needed.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H “Tiger” Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison

Rape Elimination Act (PREA) Compliance pages 8-9 and 24

-DCR PREA Lesson Plan Pages 3, 5-11, 14-18, 22,

-DCR PREA Lesson Plan Student Handout key

-DCR Training Handout Study Guide Pages 1-3, 5-12

-Memo to Audit File

- Certificate of Understanding

- Random Staff training record

2. Discussions/Interviews with:

-Agency PREA Coordinator

- TMJC PREA Compliance Manager

- TMJC Superintendent

- Random Staff

Assessment and cross-referencing of data: this standard mandates the agency to have proper training that is tailored to the juvenile setting, to stop sexual abuse and sexual harassment in correctional facilities.

PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

WVDCR Policy 430.00 Pages 8-9 states: 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.

At a minimum, the training shall include the following information:

1. Sexual contact with an offender is prohibited;
2. Offender's right to report if sexual contact occurs;
3. The zero-tolerance policy against sexual abuse and sexual harassment within the DCR;
4. How staff are to fulfill their responsibilities under the Division's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this Policy;
5. Offenders right to be free from sexual abuse and sexual harassment;

6. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
7. The dynamics of sexual abuse and sexual harassment in confinement;
8. The common reactions of sexual abuse and sexual harassment victims;
9. How to detect and respond to signs of threatened and actual sexual abuse;
10. How to avoid inappropriate relationships with offenders;
11. How to communicate effectively and professionally with offenders, including LGBTI or gender nonconforming offenders;
12. How to comply with relevant laws of West Virginia related to mandatory reporting of sexual abuse to outside authorities; and
13. Sexual misconduct in confinement facilities.

PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility.

WVDCR Policy 430.00 page 9 states: Staff training shall be appropriate to the gender of the offenders within the facility.

PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

WVDCR Policy 430.00 page 9 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.

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

WVDCR Policy 430.00 page 9 states: Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be kept in the employee's training file and a copy will be sent to the Office of PREA Compliance.

The training curriculum covers all topics mandated by the standard. Interviews with

	<p>staff confirmed they receive annual training on these required topics. The auditor reviewed the staff training records.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates employee training. No corrective actions are needed.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 8 - Attachment 14 Volunteer, Contractor and Mentors Acknowledgement -Random Volunteer/Contractor/Mentor Training Acknowledgement -Volunteer File Audit- PREA <p>2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> - TMJC PREA Compliance Manager - TMJC Superintendent <p>Assessment and cross-referencing of data: this standard mandates that volunteers or contract staff who interact with residents to be trained on their responsibilities under the agency's policies and procedures for sexual abuse or sexual harassment. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: 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 sexual 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: 24</p>

WVDCR Policy 430.00 page 8 states: 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.

Interviews with volunteers confirmed they have been trained on their responsibilities according to DCR's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They reported that they would follow the protocol. The contract staff receives their PREA Training through Wexford (their employer) TMJC does not have any volunteers currently.

PAQ: 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.

WVDCR Policy 430.00 page 9 states: The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified on the DCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The 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.

PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be filed in the employee/volunteer training folder and a copy will be sent to the Office of PREA Compliance.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates volunteer and contractor training. No corrective actions are needed.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence used to assess compliance with this standard consisted of:

1. Examination of documents included:

- James H "Tiger" Morton Juvenile Center (PAQ)
- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 6-7 and 9-10
- Attachment 2 PREA Educational Brochure English/Spanish
- Random Residents Certificates of Understanding and Orientation Acknowledgement
- Offender Orientation (Juveniles) Espanol
- Homeland Language Services
- TMJC Resident Handbook
- PREA Master List 2024, June 2023 and January 2024,

2. Discussions/Interviews with:

- Agency PREA Coordinator
- TMJC PREA Compliance Manager
- Random Residents
- Intake Staff
- Resident with disability

Site Review/Observations:

- Findings during on-site examination of the physical infrastructure.
- Informal Conversations

Assessment and cross-referencing of data: this standard mandates the agency to educate residents on the facility's zero tolerance policy for sexual abuse and sexual harassment. And residents are to be taught how to report any incidents or suspicions of sexual abuse or sexual harassment. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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. This information is provided in an age appropriate fashion:

The number of residents admitted in past 12 months who were given this information at intake: 146

WVDCR Policy 430.00 Page 10 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:

-Information regarding the agencies reporting procedures.

-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.

PAQ: 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: 146

WVDCR Policy 430.00 page 11: 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. All offenders should sign the appropriate attachment within the PREA Manual as an acknowledgement of receiving the training and the signed form will be scanned into the offender's record in OIS Document Management. It shall also be retained by the facility PCM as directed.

PAQ: Of those who were NOT educated (as stated in 115.333 (b)-1) within 10 days of intake, all residents have been educated subsequently. 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 TMJC PAQ states that all 67 residents received PREA Education within 10 days. In the event an offender leaves prior to the 10 days, they shall receive PREA education upon each transfer to a different facility. The offender shall be provided a handbook, in addition to PREA training. Documentation of offender participation in these education sessions shall be scanned into the offender's record in OIS Document Management and maintained by the facility PCM as directed.

PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.

	<p>During interviews, the auditor was provided the English and Spanish PREA Educational Brochures as well as Homeland Language Services (Translation Services)</p> <p>PAQ: The agency maintains documentation of resident participation in PREA education sessions.</p> <p>WVDCR Policy 430.00 Page 11 states: The offender shall sign an acknowledgement of receiving the PREA training and PREA related materials. This documentation shall be scanned into the offender's record in Offender Information System (OIS) Document Management and retained by the facility PCM as directed.</p> <p>PAQ: 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.</p> <p>During the onsite visit this auditor observed signage that informed the residents of various forms of reporting.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates resident education. No corrective actions are needed.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 8-10 - Certificates of Completion from National Institute of Corrections <p>2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> -Agency PREA Coordinator -Investigative Staff - TMJC PREA Compliance Manager

Site Review/Observations:

-Findings during on-site examination of the physical infrastructure.

Assessment and cross-referencing of data: this standard mandates the agency shall ensure that, to the extent of the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation showing that investigators have completed the required training.

The number of investigators currently employed who have completed the required training: 27

WVDCR Policy 430.00 pages 10-11 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.

The required training is conducted online through the National Institute of Corrections. An interview with the investigator confirmed training has been completed. The auditor reviewed the required training and NIC certificates.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates Specialized training: Investigations. No corrective actions are needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The evidence used to assess compliance with this standard consisted of:

1. Examination of documents included:

- James H "Tiger" Morton Juvenile Center (PAQ)
- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 9
- Certificates of Completion from National Institute of Corrections

2. Discussions/Interviews with:

- Contract Medical Staff

Site Review/Observations:

- Findings during on-site examination of the physical infrastructure.

Assessment and cross-referencing of data: this standard mandates the agency shall ensure that, all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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: 6. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%.

WVDCR Policy 430.00 pages 10-11 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. This specialized training will include, but is not limited to:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and

	<p>sexual harassment; and</p> <p>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Interviews with both medical and mental health staff confirmed they have received the standard agency training on PREA requirements, as well as specialized training on the topics mentioned above. Medical personnel indicated that while health services are provided onsite, forensic medical exams take place offsite at Winchester Medical Center.</p> <p>The auditor examined staff training records to verify completion of the training.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates Specialized training: Medical and mental health care. No corrective actions are needed.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 10-12 -PREA Screening Assessment (DCR) -PREA Master List 2024 and Jan2024 prt 1 <p>2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> -Agency PREA Coordinator -TMJC PCM -Staff that perform Screening for Risk of Victimization and Abusiveness -Random Residents <p>Site Review/Observations:</p>

-Findings during on-site examination of the physical infrastructure.

Assessment and cross-referencing of data: this standard mandates the agency to gather and use information about each resident's personal history and behavior to lower their risk of being a victim of sexual abuse or being sexually abusive. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) 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 or 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: 159

The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more 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: 100%

WVDCR Policy 430.00 page 12 states: All offenders shall be assessed individually and in a private setting during intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders prior to housing in general population.

The screening will occur:

-Within seventy-two (72) hours of intake.

-Upon transfer to a different facility.

-After an incident of sexual abuse; and

-When warranted due to a referral, request, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

A list of resident intake records were reviewed with a completed PREA Compliance Manual Attachment/Form 3 DCR in the PCM's office. Through conversation with staff, this documentation shall be scanned into the offender's record in Offender Information System (OIS) Document Management and retained by the facility PCM as directed.

WVDCR Policy 430.00 page 12 states: This shall be accomplished by using the appropriate attachment within the PREA Manual to gather the following information: (115.41 (a) (b) (c) (d) (e) (g))

-Known or perceived gender nonconforming appearance or identifies as lesbian, gay, bisexual, transgender or intersex (LGBTQ) and whether the offender may

therefore be vulnerable to sexual abuse;

- Whether the offender has a mental, physical, or developmental disability;
- Offender's age and physical build;
- 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;
- Whether the offender's criminal history is exclusively non-violent;
- Whether the offender has previously experienced sexual victimization;
- The offender's own perceptions of her or his vulnerability;
- Any specific information about individual offenders that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other offenders;
- Whether the offender is detained solely for civil immigration purposes; and
- Level of emotional and cognitive development (for juvenile offenders only).

The Superintendent shall designate specific staff to complete PREA reassessments. A reassessment shall be completed between twenty (20) and thirty (30) days after the initial assessment and should not exceed thirty (30) days from the offender's arrival at the facility. This information shall be ascertained through direct conversations with the offender, through medical and mental health screenings, reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's records. The facility will reassess the offender's risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. All offenders that remain in custody will also be reassessed every year thereafter, if applicable, by using the appropriate PREA Manual attachment.

A random selection of resident intake records were reviewed with the PREA Compliance Manual Attachment 3 DCR (PREA Assessment) in the file maintained by the PREA Compliance Manager. At the conclusion of the intake process the information is scanned into the offender's record in Offender Information System (OIS) Document Management and retained by the facility PCM as directed.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility does fully comply with the standard that mandates obtaining information from residents/ screening.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The evidence used to assess compliance with this standard consisted of:

1. Examination of documents included:

- James H "Tiger" Morton Juvenile Center (PAQ)
- West Virginia Department of Corrections and Rehabilitation Policy Directive 411.00
- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 11-13, 23-24

2. Discussions/Interviews with:

- Agency PREA Coordinator
- TMJC Superintendent
- TMJC PCM
- Staff that supervise residents in isolation
- Mental Health Staff
- Resident Assessments and Reassessments

Site Review/Observations:

-Findings during on-site examination of the physical infrastructure/ observation of timeout rooms.

Assessment and cross-referencing of data: this standard mandates the agency use information obtained from the intake screening to make housing, bed, program, education, and work assignments for residents. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: The agency/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 all residents safe and free from sexual abuse.

WVDCR Policy 430.00 page 13 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. 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.

PAQ: 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 facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

WVDCR Policy 430.00 page 14 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.

The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0

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

The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being

sexually abusive.

WVDCR Policy 430.00 page 14 states: The DCR shall not consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility shall consider the offender's health and safety when determining placement. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the DCR shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

PAQ: In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety. In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious condition. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

WVDCR Policy 430.00 Page 14 states: All staff, volunteers, and contractors will communicate with, treat, and talk about any offender who is LGBTI, or perceived to be LGBTI, in a professional and respectful manner. Placement and programming assignments for each transgender or intersex offender shall be reassessed twice a year. Staff will take into consideration the facility population, staffing patterns, physical layouts and legal requirements. LGBTI offenders will not be placed in dedicated facilities or units solely based on such identification or status. A transgender or intersex offender's own view with respect to his or her own safety shall be given serious consideration. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

During the site review, the auditor visited the housing unit. While no residents were in isolation, the Superintendent reported that the residents would be provided with large muscle exercise, educational services, and daily visits from medical and mental health staff. Staff supervising residents in isolation confirmed that those in confinement receive daily services. Additionally, the auditor had informal discussions with medical and mental health staff, who confirmed that residents in isolation are visited daily.

The PREA Coordinator and the PCM confirmed that the facility does not have a designated housing unit for lesbian, gay, bisexual, transgender, or intersex residents. This was also confirmed during the auditor observation of the housing units.

The PREA Compliance Manager and the Risk Screening staff confirmed that placement and programming assignments are reassessed at least twice a year to assess any safety threats faced by the resident. The PCM also confirmed that the

	<p>agency/facility considers a resident's health and safety when determining placement. Additionally, the intake staff responsible for risk screening confirmed that the views of transgender or intersex residents regarding their safety are given serious consideration in placement and programming decisions.</p> <p>From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:</p> <ul style="list-style-type: none"> • A statement of the basis for facility's concern for the residents' safety, and • The reason or reasons why alternative means of separation cannot be arranged: <p>Did not occur</p> <p>No residents at risk of sexual victimization have been held in isolation over the past 12 months.</p> <p>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.</p> <p>The PREA Compliance Manager confirmed that TMJC has not utilized isolation for the purpose of residents at risk of sexual victimization.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates placement of residents. No corrective actions are needed.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison <li style="padding-left: 40px;">Rape Elimination Act (PREA) Compliance page 13 -Attachment 21 Offender Orientation – Juveniles (English) -Attachment 2 PREA Educational Brochure -DCR (English) -MOU Supreme Court October 2019-August 2022

-Resident Handbook

-PREA LP & Cover Memo 2-19-21

-DCR Training Handout- Study Guide Page 8

-DCR PREA Lesson Plan Page 14

2. Discussions/Interviews with:

-TMJC PREA Compliance Manager

-Random Staff

-Random Residents

-Residents who Reported a Sexual Abuse

Site Review/Observations:

-Findings during on-site examination of the physical infrastructure

Assessment and cross-referencing of data: this standard mandates the agency to provide several internal ways for residents to privately report sexual abuse or sexual harassment, and at least one way to report abuse or harassment to a body that is not part of the agency. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

- sexual abuse and sexual harassment;
- retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
- staff neglect or violation of responsibilities that may have contributed to such incidents.

The agency 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 has a policy requiring residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

WVDCR Policy 430.00 page 15 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.

PAQ: 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. Staff are required to document verbal reports.

WVDCR Policy 430.00 page 15 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.

PAQ: 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.

WVDCR Policy 335.02 page 2 states: Residents are informed of the grievance procedure upon intake at the facility. There is no limit for filing of a resident grievance. Grievance forms are available to all residents with the residents having to request a form.

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

During the site review, phone numbers for internal and external reporting entities were observed on flyers posted and posters in the facility's common areas. Grievance forms and secure boxes were also seen in these areas. The auditor tested each number on the flyers and encountered no connection issues. All PREA sexual assault hotline calls are received by the PREA Coordinator. Residents are provided with tablets programmed with these phone numbers for making calls. Interviews with staff and residents confirmed their awareness of the multiple mechanisms available for privately reporting sexual abuse, sexual harassment, and retaliation for reporting PREA incidents. Facility staff demonstrated knowledge of how both residents and staff can privately report sexual abuse or harassment. During random staff interviews, it was consistently reported that if a resident verbally reports abuse or harassment, staff will immediately inform the Superintendent of the allegation.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates resident reporting. No corrective actions are needed.

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1307 378">The evidence used to assess compliance with this standard consisted of:</p> <p data-bbox="280 412 831 445">1. Examination of documents included:</p> <ul style="list-style-type: none"> <li data-bbox="296 479 963 512">- James H “Tiger” Morton Juvenile Center (PAQ) <li data-bbox="280 546 1378 636">- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 13-14 <li data-bbox="296 736 1283 770">- Reporting Agency Administrative Sexual Abuse Grievance Procedure <li data-bbox="296 804 700 837">-Third Party Reporting (DCR) <p data-bbox="280 882 716 916">2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> <li data-bbox="296 949 684 983">- Agency PREA Coordinator <li data-bbox="296 1016 767 1050">-TMJC PREA Compliance Manager <li data-bbox="296 1084 572 1117">-Random Residents <p data-bbox="280 1173 652 1207">Site Review/Observations:</p> <ul style="list-style-type: none"> <li data-bbox="296 1240 1235 1274">-Findings during on-site examination of the physical infrastructure <p data-bbox="280 1308 1482 1476">Assessment and cross-referencing of data: this standard mandates the agency to have procedures for administrative remedies (i. e., grievances) by residents who allege sexual abuse or by parents or legal guardians of juvenile residents. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p data-bbox="280 1509 1482 1845">PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. 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. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.</p> <p data-bbox="280 1879 1482 2080">WVDCR Policy 430.00 Page 18 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</p>

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.

PAQ: 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. The agency's policy and procedures that require that 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, the number of grievances that were filed that alleged sexual abuse: 0

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

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.

PAQ: 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.

WVDCR Policy 430.00 page 18 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.

WVDCR Policy 335.02 page 4 states: All complaints filed by a third-party on behalf of residents or former students will be entered into the OIS and forwarded to the appropriate Superintendent.

PAQ: The agency 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 agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances that had an initial response within 48 hours: 0

The agency's 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 the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

WVDCR Policy 430.00 page 18 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.

PAQ: The agency 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, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

WVDCR Policy 430.00 page 18 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.

Both residents and staff interviewed confirmed that they understand the grievance process. The TMJC PREA Coordinator stated that there is not a time limit when a grievance can be made. The TMJC PREA Coordinator also stated that if the grievance alleges sexual abuse or sexual harassment, it will be immediately forwarded to her. This will not be entered into the grievance database.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates exhaustion of administrative remedies. No corrective actions are needed.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H “Tiger” Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 9-10, 14, 24 - DCR PREA Manual Att #2 PREA Educational Brochure English - DCR PREA Manual Att #21 Offender Orientation (Juvéniles) English - Contract Agreement DCR 2024 Final AMA - 2 WV FRIS Locations - TMJC-CAMC Children’s Advocacy Center MOA 2022-2025 State of West Virginia Mail <p>2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> - TMJC Superintendent -TMJC PREA Compliance Manager -Random Residents <p>Site Review/Observations:</p> <ul style="list-style-type: none"> -Findings during on-site examination of the physical infrastructure <p>Assessment and cross-referencing of data: this standard mandates the agency to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: 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</p>

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.

WVDCR Policy 430.00 page 11 states: For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

PAQ: 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 to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

WVDCR Policy 430.00 page 11 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 organizations.

PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. the agency or facility maintains copies of those agreements.

WVDCR Policy 430.00 page 11 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.

During the site review, phone numbers for outside support services were observed in the facility's common areas. Additionally, a toll-free hotline number and an email address were provided for external support service providers are provided in the student handbooks. The auditor called and verified the toll-free number, outside support number and sent an email to the email address listed, all methods are verified and working correctly.

During random interviews with residents, the residents are permitted to talk with their lawyer privately as well as their probation officers. All residents reported that they can speak with their parents/guardians. Residents have been provided with a tablet to make phone calls and they can also make phone calls from the phones available.

	<p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates resident access to outside confidential support services and legal representation. No corrective actions are needed.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) 2. Discussions/Interviews with: <ul style="list-style-type: none"> - Agency PREA Coordinator -TMJC PREA Compliance Manager -Random Residents <p>Site Review/Observations:</p> <ul style="list-style-type: none"> -Findings during on-site examination of the physical infrastructure -Review of agency website <p>Assessment and cross-referencing of data: this standard mandates the agency to allow for someone other than the victim of sexual abuse and sexual harassment to report such incidents. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>WVDCR Policy 430.00 page 16 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. 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.</p>

	<p>The form is accessible to facility staff and individuals outside the facility on the agency website in the PREA section. The auditor was able to view and print a copy of the third-party reporting form directly from the DCR website. The Agency PREA Coordinator did not disclose receiving any third-party reports in the past 12 months regarding sexual abuse and sexual harassment at TMJC. https://dcr.wv.gov/resources/Pages/prea.aspx</p> <p>Residents were asked during formal interviews if they were permitted to make reports on behalf of other residents about sexual abuse and sexual harassment and the resident stated that they could by telling a staff member, utilizing request/grievance, calling the hotline and/or by telling a family member.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates third party reporting. No corrective actions are needed.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 8, 13 -15, 23-24 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Agency PREA Coordinator -TMJC Superintendent -TMJC PREA Compliance Manager - Medical and Mental Health Staff -Random Staff <p>Assessment and cross-referencing of data: this standard mandates the agency compliance with child abuse reporting laws as well as staff knowing how to properly report sexual abuse and sexual harassment to supervisory officials and to state or local services, while also protecting the alleged victim's privacy. Additionally, this</p>

standard mandates facility management to report allegations of sexual abuse to the appropriate agency office, the alleged victim's parent or legal guardian and legal representative. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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 Policy 430.00 page 16 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.

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. The facility director shall also report the allegation to the appropriate juvenile judge, the juvenile's attorney, or other legal representative of record within 14 days of receiving the allegation.

WVDCR Policy 430.00 page 18 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.

PAQ: 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 Policy 430.00 page 18 states: 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.

PAQ: Medical and mental health practitioners shall report sexual abuse in accordance with contract provisions and mandatory child abuse reporting laws. Such practitioners shall be required to inform youth at the initiation of services of

	<p>their duty to report and the limitations of confidentiality.</p> <p>WVDCR Policy 430.00 page 23 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.</p> <p>PAQ: The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.</p> <p>During the interviews with the Agency PREA Coordinator, Superintendent, PCM, Medical/Mental staff and random staff confirmed that all allegations of sexual abuse or sexual harassment are report to the TMJC Superintendent and he reports it to the Agency PREA Coordinator who then notifies the investigation unit. These reports include the third-party reports.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates staff and agency reporting duties. No corrective actions are needed.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H “Tiger” Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 14-15 17 <p>2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> -Agency Head (Chief of Staff) -Agency PREA Coordinator -TMJC Superintendent -TMJC PREA Compliance Manager

	<p>-Random Staff</p> <p>Assessment and cross-referencing of data: this standard mandates immediate action to protect juveniles when the facility learns that a resident is about to be sexually abused. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: 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.</p> <p>In the past 12 months:</p> <p>The number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0</p> <p>The average amount of time (in hours) that passed before taking action: N/A</p> <p>The longest time passed (in hours or days) before taking action: N/A</p> <p>WVDCR Policy 430.00 page 17 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.</p> <p>The TMJC PAQ noted there were no instances within the past 12 months whereby the agency or facility had determined that a resident was exposed to a substantial risk of imminent sexual abuse.</p> <p>Interviews with the Agency PREA Coordinator, the TMJC Superintendent, and randomly selected facility staff confirmed that immediate action is required and taken by all staff to protect residents from a substantial risk of imminent sexual abuse, including separating the alleged victim from the offender. Additionally, previous interviews with the Chief of Staff revealed that prompt measures are taken to prevent, detect, and respond to PREA-related incidents at TMJC. The randomly selected staff reported no knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment within the past 12 months. The TMJC PCM confirmed that no residents were subjected to imminent sexual abuse during the review period at TMJC.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates agency protection duties. No corrective actions are needed.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The evidence used to assess compliance with this standard consisted of:

1. Examination of documents included:

- James H "Tiger" Morton Juvenile Center (PAQ)
- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 15, 17
- Attachment 12 Reporting to confinement-other-facilities- (DCR)
- OPC PREA Manual Page 7

2. Discussions/Interviews with:

- Agency Head (Chief of Staff)
- Agency PREA Coordinator
- TMJC Superintendent
- TMJC PREA Compliance Manager
- Investigative Staff

Assessment and cross-referencing of data: this standard mandates the facility to report allegations of resident abuse that occurred at another facility by notifying the head of the other facility as soon as possible so that an investigation can begin. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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 number of allegations the facility received that a resident was abused while confined at another facility: 0

Please describe the facility's response to these allegations: N/A However, a sample of a previous report is in the PAQ.

Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

The agency or facility policy requires that allegations received from other agencies

or facilities are investigated in accordance with the PREA standards.

In the past 12 months:

The number of allegations of sexual abuse the facility received from other facilities:
0

WVDCR Policy 430.00 page 17 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.

Discussions with the Agency PREA Coordinator and the TMJC PREA Compliance Manager revealed that within the past 12 months, TMJC did not receive any allegations that a resident was abused while confined at another facility.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates reporting to other confinement facilities. No corrective actions are needed.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none">1. Examination of documents included:<ul style="list-style-type: none">- James H "Tiger" Morton Juvenile Center (PAQ)- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 15, 17-Attachment 4 Coordinated Response Plan- (DCR)- OPC PREA Manual page 42. Discussions/Interviews with:

- Agency PREA Coordinator
- TMJC Superintendent
- TMJC PREA Compliance Manager
- Medical/Mental Health Staff
- Investigative Staff
- Security Staff Who Have Acted as First Responders
- Random Residents

Assessment and cross-referencing of data: this standard mandates that staff approached and notified about an incident of sexual abuse or “staff first responders” arriving after a sexual abuse incident must separate the victim and abuser, as well as take steps to preserve evidence until an investigator is on scene. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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 separate the alleged victim and abuser. 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 preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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:

The number of allegations that a resident was sexually abused: 0

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0

the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0

Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0

Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

PAQ: Agency 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. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to 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: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

WVDCR Policy 430.00 page 17 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 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.

During random staff interviews, everyone confirmed their awareness of first responder duties and knew the appropriate procedures to follow if needed.

In random interviews, all residents reported feeling safe at the facility and did not disclose any incidents of sexual abuse or sexual harassment during the review period. Additionally, none of the randomly selected youth reported prior victimization during the intake process or at any time during the review period.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates staff first responder duties. No corrective actions are needed.

115.365	Coordinated response
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1307 376">The evidence used to assess compliance with this standard consisted of:</p> <p data-bbox="280 416 831 452">1. Examination of documents included:</p> <ul style="list-style-type: none"> <li data-bbox="300 488 963 524">- James H “Tiger” Morton Juvenile Center (PAQ) <li data-bbox="280 560 1378 631">- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 17 <li data-bbox="300 743 995 779">-Attachment 4 Coordinated Response Plan- (DCR) <li data-bbox="300 815 740 851">-OPC PREA Manual Pages 4 & 5 <p data-bbox="280 887 715 922">2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> <li data-bbox="300 958 671 994">-Agency PREA Coordinator <li data-bbox="300 1030 608 1066">-TMJC Superintendent <li data-bbox="300 1102 767 1137">-TMJC PREA Compliance Manager <p data-bbox="280 1173 1481 1335">Assessment and cross-referencing of data: this standard mandates the facility to have a written plan to coordinate what the different categories of personnel must do when they are responding to an incident of sexual abuse. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p data-bbox="280 1370 1417 1487">PAQ: The facility has 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.</p> <p data-bbox="280 1523 1474 1603">WVDCR Policy 430.00 page 17 states: When responding to incidences of sexual abuse, all first responders are required to follow the DCR coordinated response plan.</p> <p data-bbox="280 1639 1442 1881">The TMJC Superintendent confirmed that the facility would adhere to DCR’s policy by separating the youth, securing and protecting the scene, and reviewing the allegations with administrators and investigators. The auditor observed the PREA Coordinated Response to an incident of sexual abuse, involving staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="280 1917 1417 2042">After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates coordinated response. No corrective actions are needed.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H “Tiger” Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 17 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Agency PREA Coordinator -TMJC Superintendent -TMJC PREA Compliance Manager <p>Assessment and cross-referencing of data: this standard mandates the agency to avoid entering into agreements that would forbid the agency from removing an alleged staff sexual abuser from the post that involves interaction with residents as a preventive measure during an investigation or a determination of discipline. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf 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.</p> <p>WVDCR Policy 430.00 page 17 states: DCR does not have the authority to enter into collective bargaining agreements pursuant to WV State Code.</p> <p>The PAQ completed by TMJC officials indicated that the agency does not have a collective bargaining agreement preventing them from removing staff accused of sexual abuse from contact with residents pending the outcome of an investigation. The Agency PREA Coordinator confirmed to the auditor that no such agreement exists, allowing the agency to remove staff accused of sexual abuse from resident contact during the investigation.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates preservation of ability to protect residents from contact with abusers. No corrective actions are needed.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1310 376">The evidence used to assess compliance with this standard consisted of:</p> <p data-bbox="280 416 834 452">1. Examination of documents included:</p> <ul style="list-style-type: none"> <li data-bbox="300 488 963 524">- James H “Tiger” Morton Juvenile Center (PAQ) <li data-bbox="280 560 1378 631">- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 17-19 <li data-bbox="300 739 1246 775">-OPC Manual Attachment 11 Refusal Follow-up Monitoring (English) <li data-bbox="300 810 999 846">-Att #12 Reporting to other confinement facilities <li data-bbox="300 882 743 918">-OPC PREA Manual pages 6 & 7 <p data-bbox="280 954 716 990">2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> <li data-bbox="300 1025 711 1061">-Agency Head (Chief of Staff) <li data-bbox="300 1097 673 1133">-Agency PREA Coordinator <li data-bbox="300 1169 608 1205">-TMJC Superintendent <li data-bbox="280 1240 1342 1312">-TMJC PREA Compliance Manager/ Designated Staff Member Charged with Monitoring <li data-bbox="300 1348 513 1384">-Case Manager <p data-bbox="280 1429 1434 1545">Assessment and cross-referencing of data: this standard mandates the agency to protect residents and staff from retaliation coming from other residents and staff. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p data-bbox="280 1581 1449 1742">PAQ: 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 staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p data-bbox="280 1778 1481 2020">WVDCR Policy 430.00 page 19 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.</p>

PAQ: The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

WVDCR Policy 430.00 page 18 states: The DCR shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

PAQ: 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.

If YES, the length of time that the agency/facility monitors the conduct or treatment: 90 days and beyond if necessary.

The agency/facility acts promptly to remedy any such retaliation.

The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months: 0

In the case of residents, such monitoring shall also include periodic status checks.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

An agency's obligation to monitor shall terminate if the allegation is unfounded.

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.

During the interview with the TMJC PREA Compliance Manager, it was revealed that WVCR policy clearly states the responsibility to protect all residents and staff who report sexual misconduct or cooperate with investigations from retaliation by other

	<p>residents or staff. While all staff are responsible for monitoring for retaliation, the agency and facility PREA Compliance Manager are specifically tasked with formally monitoring cases where a resident or staff member is involved.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates agency protection against retaliation. No corrective actions are needed.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 23 & 24 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Agency PREA Coordinator -TMJC Superintendent -TMJC PREA Compliance Manager -Medical/Mental Health Staff -Staff that supervise residents in isolation <p>Site Review/Observations:</p> <p>Observations of timeout rooms</p> <p>Assessment and cross-referencing of data: this standard relates to requirements of protective custody if a resident who is alleged to have suffered sexual abuse is placed in segregated housing for protection. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: 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 facility policy requires that</p>

	<p>residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>In the past 12 months:</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation: 0</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services: 0</p> <p>The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization: N/A</p> <p>From a review of case files of residents at risk of sexual victimization who were held in isolation, the number of case files that include BOTH: 0</p> <ul style="list-style-type: none"> • A statement of the basis for facility’s concern for the residents safety, and • The reason or reasons why alternative means of separation cannot be arranged. <p>If a resident who alleges to have suffered sexual abuse 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.</p> <p>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 of 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.</p> <p>During the onsite visit, the TMJC PCM disclosed that no residents were in the timeout/isolation area due to protections against sexual abuse or sexual harassment. Residents would only be isolated from others as a last resort to ensure their safety. Informal conversations with staff confirmed that residents receive daily programming and services, with visits from medical and mental health professionals, as well as administrators on duty.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates post-allegation protective custody. No corrective actions are needed.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The evidence used to assess compliance with this standard consisted of:

1. Examination of documents included:

- James H "Tiger" Morton Juvenile Center (PAQ)
- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 16-21
- DMAPS Policy CORR OPS 3 Investigative Unit

2. Discussions/Interviews with:

- Agency PREA Coordinator
- TMJC Superintendent
- TMJC PREA Compliance Manager
- Investigative Staff

Assessment and cross-referencing of data: this standard mandates that all allegations of sexual abuse and sexual harassment be promptly investigated through an objective investigation. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ- The agency/facility has a policy related to criminal and administrative agency investigations.

WVDCR Policy 430.00 page 18 states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

1. Individuals conducting these investigations will receive specialized training.
2. Staff members, as designated by the Superintendent, shall do an inquiry on offender-on-offender harassment allegations.
3. CID investigators will conduct investigations on all staff-on-offender allegations and offender-on-offender sexual abuse allegations.
4. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation.
5. Investigations will be promptly, thoroughly, and objectively completed for all allegations, including third party and anonymously reported allegations. The reports and all related documentation are to be entered in

the appropriate tracking system.

6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations.

Investigators shall:

1. Gather and/or preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
2. Interview alleged victims, suspected abusers, and witnesses;
3. Review prior complaints and reports of sexual abuse involving the suspected abuser; and
4. Determine whether staff actions or failures to act contributed to the abuse and shall be documented in the reports.

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:

Interviewing sexual abuse victims;

Proper use of Miranda warnings and the Garrity rule;

1. Sexual abuse evidence collection in confinement settings; and
2. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

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.

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.

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

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

The DCR shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the DCR, plus five (5) years.

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.

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.

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 process.

	<p>The TMJC PAQ completed by agency officials prior to the onsite audit indicated there are 27 investigators employed with the responsibility of conducting administrative and criminal investigations of sexual abuse and sexual harassment. Below are responses provided by agency officials on the TMJC PAQ with respect to allegations of sexual abuse and sexual harassment within the past 12 months:</p> <p>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: 0</p> <p>According to the TMJC PAQ completed by agency officials before the onsite audit, there are 27 investigators employed to conduct administrative and criminal investigations into allegations of sexual abuse or sexual harassment.</p> <p>While speaking with the Agency PREA Coordinator, TMJC Superintendent, TMJC PREA Compliance Manager, and Investigative staff, all confirmed there were not any allegations of sexual abuse or sexual harassment received or investigated during the audit review period for the Tiger Morton Juvenile Center. While conducting random staff and resident interviews, there were no reports of sexual abuse or sexual harassment disclosed.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates Criminal and administrative agency investigations. No corrective actions are needed.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 17 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Investigative Staff <p>Assessment and cross-referencing of data: this standard mandates the agency to consider allegations to be substantiated if most of the evidence supports it. The DCR's procedure is outlined in WVDCR PD 430.00.</p>

	<p>PAQ- 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.</p> <p>WVDCR Policy 430.00 page 20 states: The DCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>During discussions with the Investigator, it was confirmed that substantiating allegations of sexual abuse or sexual harassment requires a preponderance of evidence.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates evidentiary standard for administrative investigations. No corrective actions are needed.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 18 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Agency PREA Coordinator -TMJC PREA Compliance Manager - Investigative Staff <p>Assessment and cross-referencing of data: this standard mandates that after an investigation into allegations of sexual abuse, the agency must tell the resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ- 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,</p>

unsubstantiated, or unfounded following an investigation by the agency.

In the past 12 months:

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed: 0

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: 0

WVDCR Policy 430.00 page 20 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.

PAQ- If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

in the past 12 months:

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

WVDCR Policy 430.00 page 21 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.

PAQ-Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs 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.

WVDCR Policy 430.00 page 21 states: Following a substantiated or unsubstantiated allegation that a staff member has committed sexual abuse against an offender, the facility shall subsequently inform the offender whenever:

1. The staff member is no longer posted within the offender's unit;
2. The staff member is no longer employed at the facility;
3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

PAQ: 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.

WVDCR Policy 430.00 page 21 states: The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

The number of notifications to residents that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that were documented: 0

WVDCR Policy 430.00 page 21 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.

	<p>Interviews with the investigator, TMJC PREA Compliance Manager and Agency PREA Coordinator that there had not been any incidents of sexual abuse or sexual harassment. Due to not having any allegations, there was not a need for any notifications.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates reporting to residents. No corrective actions are needed.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 18 <p>2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> -Agency PREA Coordinator -TMJC Superintendent -TMJC PREA Compliance Manager - Administrative (Human Resources) Staff <p>Assessment and cross-referencing of data: this standard mandates the facility to have a staffing plan to protect residents against sexual abuse. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ- Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>In the past 12 months:</p> <p>The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0</p> <p>The number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p>

PAQ: The 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:

The number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

PAQ: 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:

The number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

WVDCR Policy 430.00 page 21 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.

Information provided in the PAQ completed by TMJC officials regarding staff disciplinary sanctions was consistent with details shared by the Human Resources representative during the interview with the auditor. The agency takes all allegations of staff sexual abuse and sexual harassment very seriously and promptly imposes disciplinary sanctions commensurate with the nature and circumstances of the acts committed. Based on the information in the TMJC PAQ and discussions with human resources staff, there were no records to review for violations of the sexual abuse and sexual harassment policy in the past 12 months at TMJC. The Agency PREA Coordinator, along with the TMJC PREA Compliance Manager and Superintendent, confirmed in interviews that no TMJC staff had been disciplined for violating the agency's sexual abuse and sexual harassment policy during the review period.

After reviewing and analyzing the available evidence, the auditor has concluded

	that the facility fully complies with the standard that mandates disciplinary sanctions for staff. No corrective actions are needed.
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 19 and 23 Discussions/Interviews with: <ul style="list-style-type: none"> -TMJC Superintendent -TMJC PREA Compliance Manager - Contract Staff <p>-Findings during on-site examination of the physical infrastructure</p> <p>Assessment and cross-referencing of data: this standard mandates consequences for contractor or volunteer violations of the agency's sexual abuse and sexual harassment policies. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ- 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.</p> <p>In the past 12 months:</p> <p>Contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: No</p> <p>The number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0</p> <p>PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency</p>

	<p>sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>WVDCR Policy 430.00 page 19 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.</p> <p>TMJC staff did not provide the auditor with any documentation of referrals to law enforcement or relevant licensing bodies in the past 12 months. The Superintendent stated he was not aware of any remedial measures taken against contractors or volunteers for violating the agency’s policy on sexual abuse and sexual harassment. The TMJC PCM did not report any corrective actions against contractors or volunteers during the review period. Additionally, the contract staff interviewed did not disclose any knowledge of sexual abuse or sexual harassment incidents, nor were they aware of any contractors involved in or terminated due to such incidents.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates corrective action for contractors and volunteers. No corrective actions are needed.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H “Tiger” Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 325.07 Juvenile Resident Discipline pages 9-10 - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 19, 23 and 24 <p>2. Discussions/Interviews with:</p>

-TMJC Superintendent

-Mental Health Staff

-Findings during on-site examination of the physical infrastructure

Assessment and cross-referencing of data: this standard speaks to residents facing disciplinary sanctions if after administrative or criminal investigations there are findings of a resident sexually abusing another resident. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ- Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. 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:

The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0

The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0

The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0

The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

The disciplinary process shall consider whether a youth's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

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.

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.

WVDCR Policy 430.00 page 19 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.

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

WVDCR Policy 430.00 page 19 states: When a juvenile offender is found guilty of misconduct related to sexual abuse, the facility PCM shall refer the offender to the psychologist/mental health clinician, who will consider whether to require the abuser to participate in therapy, counseling or other intervention designed to address and correct underlying reasons or motivations for the abuse. Participation may be required in such interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

The TMJC Superintendent did not disclose any instances of disciplinary sanctions taken against residents within the past 12 months because of sexual abuse or sexual harassment of another resident. This information was confirmed by the mental health staff.

	<p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates interventions and disciplinary sanctions for residents. No corrective actions are needed.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 12, 19 and 20 2. Discussions/Interviews with: <ul style="list-style-type: none"> -Agency PREA Coordinator -TMJC Superintendent -TMJC PREA Compliance Manager - Medical and Mental Health Staff -Staff that perform Screening for Risk of Victimization -Findings during on-site examination of the physical infrastructure <p>Assessment and cross-referencing of data: this standard mandates the facility to offer residents who have experienced sexual victimization or has been sexually abusive, a follow-up meeting with a medical or mental health practitioner. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ- 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. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months:</p> <p>The percent of residents who disclosed prior victimization during screening who</p>

	<p>were offered a follow-up meeting with a medical or mental health practitioner: 100%</p> <p>WVDCR Policy 430.00 page 14 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.</p> <p>PAQ: 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. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months:</p> <p>The percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%</p> <p>PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. 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.</p> <p>During the interview, the risk screening staff confirmed that if a screening indicates a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, they are offered a follow-up meeting with a medical and/or mental health practitioner within 14 days. The staff also confirmed that no residents disclosed any prior victimization.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates medical and mental health screenings; history of sexual abuse. No corrective actions are needed.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <p>- James H "Tiger" Morton Juvenile Center (PAQ)</p>

- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison

Rape Elimination Act (PREA) Compliance page 20

2. Discussions/Interviews with:

- Medical and Mental Health Staff

-Findings during on-site examination of the physical infrastructure

Assessment and cross-referencing of data: this standard mandates the facility to provide resident victims of sexual abuse with emergency medical treatment and crisis intervention services promptly. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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 Policy 430.00 page 20 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.

PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to Section VIII above and shall immediately notify the appropriate medical and mental health practitioners.

WVDCR Policy 430.00 page 20 states: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

PAQ: 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.

WVDCR Policy 430.00 page 20 states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with

	<p>professionally accepted standards and policies of care, where medically appropriate.</p> <p>PAQ: 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.</p> <p>WVDCR Policy 430.00 page 20 states: Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>During interviews with medical and mental health staff, both confirmed that resident victims of sexual abuse have unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined based on the professional judgment of the practitioners. Additionally, residents are offered treatment for sexually transmitted infections following any incidents of sexual abuse that occur at the facility.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates access to emergency medical and mental health services. No corrective actions are needed.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 20-21 2. Discussions/Interviews with: <ul style="list-style-type: none"> - Mental Health Staff <p>Assessment and cross-referencing of data: this standard mandates nonemergency medical and mental health treatment to be offered to residents who are victims of sexual abuse in the facility. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: 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,</p>

jail, lockup, or juvenile facility.

WVDCR Policy 430.00 page 20-21 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 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.

PAQ: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

WVDCR Policy 430.00 page 21 states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results due to the sexually abusive vaginal penetration while incarcerated such victims shall be receive timely and comprehensive information about access to all lawful pregnancy related medical services.

PAQ: 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.

WVDCR Policy 430.00 Page 23 states: 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.

PAQ: 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.

WVDCR Policy 430.00 page 14 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.

Interview with Mental Health staff made it known that individual and supportive counseling services are available onsite to the residents. Testing for sexually

	<p>transmitted infections can be done onsite. During the last 12 months, there has not been a need for STI testing.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates ongoing medical and mental health care for sexual abuse victims and abusers. No corrective actions are needed.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 24 2. Discussions/Interviews with: <ul style="list-style-type: none"> - Agency PREA Coordinator -TMJC Superintendent -TMJC PREA Compliance Manager -Investigative Staff <p>Assessment and cross-referencing of data: this standard mandates the facility to conduct a sexual abuse incident review within 30 days for all substantiated and unsubstantiated findings. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: 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, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0</p> <p>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. The facility prepares a report of its findings from sexual abuse</p>

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 PREA Compliance Manager.

WVDCR Policy 430.00 page 24 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 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.

The facility shall document the recommendations for improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review.

Interviews with both the Superintendent and PREA Compliance Manager revealed there were not any sexual abuse incident review meetings conducted in the past 12 months for TMJC. Discussions with the investigator confirmed this.

After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates Sexual abuse incident reviews. No corrective actions are needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The evidence used to assess compliance with this standard consisted of:

1. Examination of documents included:

- James H "Tiger" Morton Juvenile Center (PAQ)
- West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 24-25

2. Discussions/Interviews with:

- Agency Head (Chief of Staff)
- Agency PREA Coordinator
- TMJC PREA Compliance Manager

Site Review/Observations:

- Review of the PREA section of the agency website

Assessment and cross-referencing of data: this standard mandates that the agency gathers incident-based data by the facility for every allegation of sexual abuse. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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. The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content. The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

WVDCR Policy 430.00 Pages 24-25 state: The facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on offender sexual misconduct that occurs within his/her facility. Incident-based data reports shall be generated each month. The data collected shall include at a minimum:

	<ol style="list-style-type: none"> 1. The total number of allegations; 2. Investigation number and the disposition; 3. The DCR shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; and 4. The DCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. <p>The incident-based data collected shall include, at a minimum, the data necessary to complete the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>The Director of PREA Compliance shall submit an annual report of the incident-based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p>The PREA Annual Report was observed during the evidence review period. The Agency PREA Coordinator provided the auditor with the PREA annual report.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates data collection. No corrective actions are needed.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <ol style="list-style-type: none"> 1. Examination of documents included: <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison <p style="text-align: center;">Rape Elimination Act (PREA) Compliance page 25</p>

2. Discussions/Interviews with:

- Agency Head (Chief of Staff)
- Agency PREA Coordinator

Site Review/Observations:

- Review of the PREA section of the agency website

Assessment and cross-referencing of data: this standard mandates that the agency collect and analyze PREA incident data for any audit corrective action plans. The DCR's procedure is outlined in WVDCR PD 430.00.

PAQ: 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, 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 annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

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. The agency indicates the nature of material redacted.

WVDCR Policy 430.00 Page 25 states: All sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection.

WVDCR Policy 430.00 Page 25 states: The Director of PREA Compliance shall submit an annual report of the incident-based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.

	<p>During interviews with the Agency PREA Coordinator, it was noted that an annual report is completed by the PREA Director. The PREA Annual Report was provided to the auditor during the evidence review period.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates data review for corrective action. No corrective actions are needed.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance page 22 <p>2. Discussions/Interviews with:</p> <ul style="list-style-type: none"> - Agency PREA Coordinator <p>Site Review/Observations:</p> <ul style="list-style-type: none"> -Review of the PREA section of the agency website <p>Assessment and cross-referencing of data: this standard mandates that sexual abuse data be stored, published and retained by the agency. The DCR's procedure is outlined in WVDCR PD 430.00.</p> <p>PAQ: The agency ensures that incident-based and aggregate data are securely retained. 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. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>WVDCR Policy 430.00 Page 22 states: All sexual abuse data shall be securely retained for at least ten (10) years after the date of the initial collection.</p>

	<p>WVDCR Policy 430.00 Page 22 states: The Director of PREA Compliance shall submit an annual report of the incident-based sexual abuse data, to include facility recommendations and corrective actions to the DCR Commissioner. The annual report shall include comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the DCR's progress in addressing sexual abuse. The annual report shall be approved by the DCR Commissioner and made readily available to the public annually through the DCR website. The DCR may redact personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the DCR shall provide all such data from the previous calendar year to the Department of Justice.</p> <p>While interviewing the PREA Coordinator, it was stated that sexual abuse data is collected, aggregated, and published on the agency website. Furthermore, all case records of sexual abuse and harassment incidents are retained for at least 10 years.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that the facility fully complies with the standard that mandates data storage, publication, and destruction. No corrective actions are needed.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H "Tiger" Morton Juvenile Center (PAQ) - West Virginia Department of Corrections and Rehabilitation Policy Directive 430.00 Prison Rape Elimination Act (PREA) Compliance pages 1-27 - Agency Website- Final PREA Reports - Google search of information about the James H "Tiger" Morton Juvenile Center <p>Assessment and cross-referencing of data: this standard mandates the agency to comply with all PREA requirements and ensure that at least one-third of each facility type under the DCR's control is audited during each year of the three-year audit cycle. The TMJC PAQ indicates the frequency and scope of PREA audits is outlined in WVDCR PD 430.00.</p> <p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the</p>

	<p>agency, or by a private organization on behalf of the agency, is audited at least once. Furthermore, each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>During the pre-audit, onsite audit, and post-audit evidence examination, the auditor was allowed to request and obtain copies of all pertinent documents. Some documents were requested digitally, while others were reviewed onsite at the TMJC. Throughout the onsite assessment, the auditor was given unrestricted access to all areas of the TMJC, and the audit notices were displayed in all housing units—some inside living areas and others on exterior doors leading into the housing units. The facility was provided with an Audit Notice in both English and Spanish, emphasizing the confidential nature of all interactions with the auditor. No correspondence was received from residents or staff at TMJC during the audit period.</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that both the agency and facility fully comply with the standard regarding frequency and scope of audits. No corrective actions are needed.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence used to assess compliance with this standard consisted of:</p> <p>1. Examination of documents included:</p> <ul style="list-style-type: none"> - James H “Tiger” Morton Juvenile Center (PAQ) - Agency Website- Final PREA Reports -Interviews <p>Assessment and cross-referencing of data: this standard regarding audit content and findings, is outlined in WVDCR PD 430.00.</p> <p>All West Virginia PREA Audit Final Reports are published on the agency's website at: https://dcr.wv.gov/resources/Pages/prea.aspx</p> <p>After reviewing and analyzing the available evidence, the auditor has concluded that both the agency and facility fully comply with the standard regarding audit content and findings. No corrective actions are needed.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	no
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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all 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:	yes

	Residents who have speech disabilities?	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

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

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

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is 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.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

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

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	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.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

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

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	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.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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