

PREA Facility Audit Report: Final

Name of Facility: Lorrie Yeager Juvenile Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/09/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 05/09/ 2023

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	03/13/2023
End Date of On-Site Audit:	04/14/2023

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

Primary Contact	
Name:	Tim Harper
Email Address:	Timothy.V.Harper@wv.gov
Telephone Number:	304-419-1404

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

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

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

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	28
Average daily population for the past 12 months:	25
Has the facility been over capacity at any point in the past 12 months?	Yes

Which population(s) does the facility hold?	Both females and males
Age range of population:	10-20
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with residents:	40
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

Name:	Tim Harper	Email Address:	Timothy.V.Harper@wv.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0	
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Number of standards met:

43	
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Number of standards not met:

0	
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-13
2. End date of the onsite portion of the audit:	2023-04-14

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:	Just Detention International (no information received) North Star Child Advocacy Center (CAC) (outside advocate services)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	25
16. Number of inmate/resident/detainee housing units:	2
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	34
38. 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
39. 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
40. 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
41. 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
42. 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
43. 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>44. 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>1</p>
<p>45. 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>46. 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>5</p>
<p>47. 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>48. 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>Lorrie Yeager Juvenile Center does not utilize segregation, should a resident need to be separated from general population, the resident would be confined in his/her room.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. 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>40</p>
<p>50. 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>15</p>

<p>51. 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:</p>	<p>7</p>
<p>52. 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:</p>	<p>There were no volunteer services occurring at the facility during the on-site portion of the audit. Medical services are contracted through Wexford.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Using the Lorrie Yeager Juvenile Center Housing Report, the auditor selected residents for interview. To ensure a geographically diverse population, the auditor selected residents for interview by age, race, gender, and ethnicity.</p>

<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. 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):</p>	<p>The auditor had no barriers completing randomly selected resident interviews. Staff assisted the auditor by ensuring youth were readily available for interview.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
<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>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents housed at the facility with physical disabilities during the on-site portion of the audit. This was confirmed through conversation with medical staff.</p>
<p>61. 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>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents housed at the facility with cognitive disabilities during the on-site portion of the audit. This was confirmed through conversation with education staff.</p>
<p>62. 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>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents housed at the facility with vision disabilities during the on-site portion of the audit. This was confirmed through conversation with medical staff.</p>
<p>63. 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>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents housed at the facility with hearing disabilities or deaf during the on-site portion of the audit. This was confirmed through conversation with medical staff.</p>
<p>64. 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>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no LEP housed at the facility during the on-site portion of the audit, this was confirmed through conversation with education staff.</p>
<p>65. 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>66. 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>1</p>
<p>67. 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>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents housed at the facility that had alleged sexual abuse. This was confirmed through review of investigation files.</p>
<p>68. 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>5</p>
<p>69. 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>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Lorrie Yeager Juvenile Center does not utilize segregation, should a resident need to be separated from general population, the resident would be confined in his/her room. This was confirmed through conversation with upper-level staff.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor had no barriers completing targeted resident interviews. The population on day one of the on-site portion of the audit was 34; the auditor identified 8 residents as targeted for interview, and 9 for random interview.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input 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 checked="" 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>73. 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>74. 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>The auditor selected staff by shift and work assignments. There were no barriers completing randomly selected staff for interview.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. 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>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. 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>

80. 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
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. 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

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The auditor selected specialized staff for interview using the PRC Specialized Staff Interview Protocol.</p> <p>The auditor interviewed two volunteers via phone a volunteer with the South Parkersburg Jehovah Witnesses, and a volunteer with the Rock of Ages ministry.</p>
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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.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. 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 on-site audit was conducted by one Auditor, certified in both Juvenile and Adult Standards. During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the residents. The auditor was able to move about the facility any time needed. The auditor tested phones to ensure they were operational, observed PREA signage and flyer for North Star Child Advocacy Center were posted throughout the facility. The auditor informally interviewed staff, residents, and contractors. The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. Prior to the onsite portion of the audit the auditor received no correspondence from residents or staff.</p>
<p>Documentation Sampling</p>	
<p>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>	
<p>90. 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</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor provided the facility and extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request. During the on-site audit the facility was requested to provide documentation and the documentation was readily available. During the report writing phase the auditor requested additional documents for four standards.</p>

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.

92. 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	4	0	4	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	4	0	4	0

93. 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	4	0	4	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	5	0	5	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.

94. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	2	2

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.

96. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input 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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. 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>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input 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>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>109. 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>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input 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>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor reviewed nine (9) investigation administrative files, two (2) were substantiated, four (4) were determined to be unsubstantiated, and three (3) were unfounded. There were no criminal investigations during the 12 months preceding the audit.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff	
<p>116. 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.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>Diversified Correctional Services, LLC</p>

Standards
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.311:</p> <ol style="list-style-type: none"> 1. Inspector General Table of Organization 2. Lorrie Yeager Juvenile Center Organization Chart Policy and Procedure #3010; Subject - Code of Conduct 3. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 4. Lorrie Yeager Juvenile Center Organizational Chart <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Director of Office of PREA Compliance 2. Agency's PREA Compliance Manager

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

Policy # 430.00, pages 2 - 4 include definitions: Contractors, Director of PREA Compliance, Exigent Circumstances, Gender Nonconforming, Intersex, Juvenile, Juvenile Facility, LGBTI, Medical Practitioner, Mental Health Practitioner, Offender, Office of PREA Compliance, PREA Coordinator, Preponderance of the Evidence, Sexual Abuse, Sexual Harassment, Staff, Staff Sexual Misconduct, Substantiated Allegation, Transgender, Unfounded Allegation, Unannounced Rounds, Unsubstantiated Allegation, Victim, and Volunteer.

Policy # 430.00, page 4 A states: DCR has zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment. Sexual activity between staff and offenders, volunteers or contract personnel and offenders, and offender and offender, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions up to and including dismissal and prosecution pursuant to West Virginia Code and DCR Policy and procedure.

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

Policy # 430.00, page 4 C. Each Superintendent, in consultation with the Director of PREA Compliance, shall designate a Facility PREA Compliance Manager (PCM) who will have sufficient time and authority to develop, implement, coordinate, and oversee DCR efforts to comply with the PREA standards in his/her facility.

Policy # 430.00, in its entirety, addresses the agency's approach to ensure prevention, detection and responding to sexual abuse and sexual harassment. The policy is detailed and straight forward on:

I. Prevention Planning

II. Supervision and Monitoring

III. Staff Training

IV. Offender Education

V. Screening for Risk of Sexual Victimization and Abusiveness

VI. Reporting

VII. Official Response

VIII. Investigations

IX. Staff Discipline

	<p>X. Offender Discipline</p> <p>XI. Medical and Mental Health</p> <p>XII. Data Collection and Review</p> <p>XIII. Audits</p> <p>XIV. Pertains Only to Juvenile Facilities</p> <p>PREA Standard§ 115.311 mandates that each facility designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The Superintendent for the Lorrie Yeager Juvenile Center has designated a Unit Manger as the PREA Compliance Manager for the facility.</p> <p>The West Virginia Division of Corrections and Rehabilitation takes the Prison Rape Elimination Act very seriously. They have developed the Office of PREA Compliance (statewide) which deals strictly with the components of PREA. This Department is responsible to the Inspector General. The Office of PREA Compliance is made up of the Director, two (2) PREA Coordinators (one for prisons, jails and Community Confinement Facilities and the other for juveniles) and a Secretary. The two (2) PREA Compliance Officers oversee 32 facility Compliance Managers (Eight 8) prisons, ten (10) jails and ten (10) juvenile facilities and four 4 Community Confinement facilities. Each facility has a designated Compliance Manager assigned who has the responsibilities associated with PREA and reports to the Director of PREA Compliance and the Superintendent of the facility.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.311 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.312:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Contract McDowell County Commissioner 3. Contract Youth Service System 4. Lorrie Yeager Juvenile Center Organizational Chart

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

Agency Designee

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.312 (a): A public 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.

In response to the Pre-Audit Questionnaire:

On or after August 20, 2012 or since the last PREA audit, whichever is later:

The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 2

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

On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of contracts that DO NOT require the agency to monitor contractor's compliance with PREA standards: 2

115.312 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Policy # 430.00, page 5 C states: Any new contract or contract renewal for the confinement of offenders shall include an obligation to:

1. Comply with PREA Standards.
2. Comply with DCR policy.
3. Ensure that the contracted facility is complying with the PREA standards by monitoring the facility's performance.

The Agency reports that it has entered into or renewed two contracts for the confinement of residents since their last PREA audit. Currently the Agency contracts with Ronald Mulholland and The County Commission of McDowell County for the confinement of youthful offenders. Contracts were provided by the Agency for review.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.312 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.313:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Sample of Logs Unannounced Rounds 3. Lorrie Yeager Juvenile Center Pre Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Upper-level Staff Unannounced Rounds <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <ol style="list-style-type: none"> 1. Observations of Staffing Plan on all shifts. 2. Observations of camera locations. <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.313 (a): The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential 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 residents may be isolated); (6) The composition of the resident</p>

population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

Policy # 430.00, page 5 A states: DCR shall ensure that each of its facilities develops, documents and makes its best efforts to comply with the PREA staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

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

The staffing plan is reviewed annually by the facility PCM and the Office of PREA Compliance to determine if any changes need to be made.

In response to the Pre-Audit Questionnaire:

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 25

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 24

115.313 (b): The agency complies with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

Policy # 430.00, page 5 C states: Whenever necessary, but no less frequently than

once a year, the Facility PREA Compliance Manager from each facility, in consultation with the Office of PREA Compliance, shall assess, determine and document whether adjustments are needed to:

1. The PREA staffing plans.
2. Prevailing staffing patterns.
3. The facility's deployment of video monitoring systems and other monitoring technologies.
4. The resources the facility has available to commit to ensure adherence to the staffing plan.

115.313 (c): Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

Policy # 430.00, page 6 E states: In an effort to identify and deter staff sexual abuse and sexual harassment a minimum of four (4) unannounced rounds must be completed each month, two of those unannounced rounds must occur during the evening/overnight hours between 7:00 pm and 7:00 am. The overnight rounds must be completed by someone who arrives at the facility for the sole purpose of conducting the unannounced round. Two (2) rounds must be completed between the hours of 7:00 am and 7:00 pm. The unannounced rounds will be documented using PREA Compliance Manual Attachment 16 and submitted to the facility PCM monthly.

The facility reports there have been no deviations from the staffing during the 12-months preceding the audit. Any deviation from the staffing plan is documented.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

115.313 (d): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources

the facility has available to commit to ensure adherence to the staffing plan.

115.313 (e): Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

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

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

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

The auditor reviewed staffing plans for Lorrie Yeager Juvenile Center for the years of 2021, and 2022. Each staffing plan identifies if additional staff are needed to meet staffing ratios. The facility utilizes video monitoring to ensure the safety of residents housed at the facility.

The auditor has determined current operations and practices meet all requirements of PREA Standard 115.313 (c) based upon site observations conducted by Auditor.

Corrective Action: (None)

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

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.315:

1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Memo Dated January 12, 2023 - Cross Gender Searches
3. Training Logs
4. Lorrie Yeager Juvenile Center Pre Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

1. Random Staff (12)
2. Random Residents (8)

In order to determine compliance, the following observations were made during the on-site facility tour:

Observations of cross-gender announcements when entering housing units.

Observed the Intake Screening Process.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.315 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0

In the past 12 months, number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

115.315 (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of cross-gender pat-down searches of residents: 0

115.315 (c): The facility shall document and justify all cross-gender strip searches,

cross-gender visual body cavity searches, and cross-gender pat-down searches.

Policy # 430.00, pages 6 -7 G states: Staff shall not conduct cross gender pat-down, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with current Policy. All exigent cross- gender searches will be documented via incident report. For a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. If these searches occur, they shall be documented. (115.15 (a) (b) (c))

Cross-gender searches are not conducted at Lorrie Yeager Juvenile Center. Numerous support staff are academy trained that are available to assist if needed. Should the facility have a cross-gender pat-down search, it must be documented.

115.315 (d): The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy # 430.00, page 7 I states: Offenders shall be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well. (115.15 (d))

Showers are located in each single room living unit behind doors. Residents have complete privacy to shower and perform other bodily functions.

115.315 (e): The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Staff interviewed confirmed they are aware policy prohibits them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.

	<p>Policy # 430.00, page 7 K states: Facilities shall not search or physically examine a transgender or intersex offender for the sole purpose of determining genital status. If unknown, staff should attempt to determine the genital status through conversations with the offender or by reviewing medical records. (115.15 (e))</p> <p>115.315 (f): Staff are trained to conduct pat searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible, consistent with security.</p> <p>Policy # 430.00, page 7 L states: Staff shall be trained to conduct pat searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security. (115.15 (f))</p> <p>Current operations and practices meet the requirements of PREA Standard 115.315 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: (None)</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.316:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Memo Dated January 12, 2023 - Residents with Disabilities and LEP Residents 3. West Virginia Child Advocacy Network (WVCAN) User Guide 4. Homeland Language Services Contract 5. PREA Brochures "End The Silence" (English and Spanish) 6. Lorrie Yeager Juvenile Center Pre Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Random Staff (12) 3. Random Residents (8)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.316 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The agency has a contract with Homeland Language Services Contract to provide translation services upon request.

115.316 (b): The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The facility has PREA Brochures "End the Silence" in English and Spanish. During the on-site portion of the audit there were no resident that were limited English proficient to interview.

Policy # 430.00, page 7 M 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 WVDCR'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. (115.16 (a) (b))

During the on-site portion of the audit there we no resident with disabilities to interview.

Policy # 430.00, page 7 N states: Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited

reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that he or she understands the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats. (115.16 (a)) (115.33 (e) (f))

115.316 (c): The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

Policy # 430.00, page 7 O states: Only staff members or qualified contractors will provide translation for offenders. The WVDCR 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. (115.16 (b) (c))

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

Interviews with staff and residents confirmed resident interpreters were not used during the last 12 months. Written materials are given to residents when they arrive at the facility and PREA signage is posted around the facility.

There were no available residents to interview who were limited English proficiency or had disabilities during the onsite portion of the audit.

Staff interviewed confirmed the agency does not use resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff had knowledge of resident interpreter services, resident readers, and other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Current operations and practices meet the requirements of PREA Standard 115.316 based on interviews conducted and documentation reviewed.

Corrective Action: (None)

115.317	Hiring and promotion decisions
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.317:

1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Memo Dated January 12, 2023 - Hiring and Promotions
3. Policy Directive 132.00
4. Policy Directive 132.02
5. Policy Directive 135.00
6. Policy Directive 153.00
7. Personnel File Audit
8. Lorrie Yeager Juvenile Center Pre Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. Administrative (Human Resources) Staff

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.317 (a): The agency does not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents.

115.317 (b): The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, that may have contact with residents.

115.317 (f): The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

A review of Interview questions showed the following:

- What will you do if you see a co-worker breaking the rules or regulations?
- If you see a co-worker making inappropriate comments or behavior in a sexual manner to a residents, what would you do?
- Have you ever engaged in sexual abuse or sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
- Have you ever been criminally convicted of engaging or attempting to engage in coerced or forced sexual activity, including any type of sexual misconduct or sexual harassment?
- Have you ever been civilly or administratively found liable for engaging in coerced or forced sexual activity, including any type of sexual misconduct or sexual harassment?

115.317 (g): Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy # 430.00, page 8 P states: All individuals who may have contact with offenders will be asked to disclose previous misconduct during interviews for hiring, promoting and every four (4) years as part of the reoccurring background check process of current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct. WVDCR shall not hire, promote or enlist the services of any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activity. The WVDCR shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with offenders. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. (115.17 (a) (b) (f) (g))

115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 11

115.317 (h): Unless prohibited by law, the agency shall 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.

Policy # 430.00, page 8 S states: Consistent with Federal, State, and local law, the WVDCR must make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Unless prohibited by law or policy, the WVDCR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer from whom the employee has applied to work.

(115.17 (c) (h))

115.317 (d): The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor that may have contact with residents.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 4

The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

115.317 (e): The agency shall either conduct criminal background records checks at least every five years of current employees and contractors that may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Policy # 430.00, page 8 R states: A background investigation will be completed before hiring or promoting employees, enlisting the services of contractors, interns, or volunteers. The WVDCR shall conduct criminal background checks of all employees, volunteers, interns and contractors every four (4) years. (115.17 (d) (e))

Files for staff, contractors, and volunteers were reviewed for compliance of this standard. All files reviewed had up-to-date criminal history checks. By utilizing pre-hire criminal background checks, reviewing the questionnaire (noted above), ongoing criminal background checks, and human resource standards, it appears that facility met all policy requirements when making hiring or promotion decisions. This is also true for contractors and volunteers. The Office of PREA Compliance requires criminal history checks every four (4) years. Human Resource staff states that if they receive a request from a potential employer for a former employee, they would be able to answer the question "Would you rehire this individual".

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.317 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.318:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre Audit Questionnaire <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent <p>Site Review Observations: Placement of security cameras, exterior and interior.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.318 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>115.318 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>Policy # 430.00, page 8 A states: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the WVDCR shall consider the effect of the design, acquisition, expansion, or modification upon the WVDCR'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</p>

	<p>surveillance system, or other monitoring technology; the WVDCR shall consider how such technology may enhance the WVDCR's ability to protect offenders from sexual abuse. (115.18 (a) (b))</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>Lorrie Yeager Juvenile Center has had no expansion or upgrades at the facility during the 12-months preceding the audit.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.321:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. WV Code R 78-3-16 3. WV State Police Child First Forensic Interview Protocol 4. Transportation Order to CAC 5. Lorrie Yeager Juvenile Center Pre Audit Questionnaire 6. MOU North Star Child Advocacy Center (CAC) <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (12) <p>Observations during on-site review of physical plant, PREA signage, Advocate Information.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.321 (a): The agency is responsible for investigating allegations of sexual abuse; the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>115.321 (b): The protocol is developmentally appropriate for youth and, as appropriate, 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/</p>

Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Policy # 430.00, pages 19 - 20 F states: Administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The protocol shall be adapted from OJ:'. Otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

115.321 (c): All residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

In response to the Pre-Audit Questionnaire:

The number of exams performed by SANEs/SAFEs during the past 12 months:

Policy # 430.00, page 23 B states: Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. All victims of sexual abuse shall be offered access to forensic medical examinations at the facility or an outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The DCR shall document efforts to provide SAFE's or SANE's; if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.321 (d): The agency attempts 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 agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Policy # 430.00, page 20 I states: As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

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

Policy # 430.00, pages 23 - 24 D states: The DCR shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DCR shall provide a qualified staff member to provide these services. Agencies shall document efforts to secure services from rape crisis centers. If requested by the victim, a victim advocate, qualified DCR staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the DCR itself is not responsible for investigating allegations of sexual abuse; the DCR shall request that the investigating agency follow the requirements within policy.

Lorrie Yeager Juvenile Center has an MOA with North Star Child Advocacy Center (CAC) to perform SAFE exams. North Star CAC coordinates the efforts of child protection staff, law enforcement professionals, family advocates, medical experts, and mental health clinicians under one roof. The CAC staff facilitates a collaborative response, including provision of support services, conducts forensic interviews, provides family advocacy and crisis intervention services, provides mental health therapy, and ensures appropriate medical treatment. Residents who need a SANE exam will be transported to Camden Clark Hospital and examined by a SANE nurse. If the local hospital cannot provide a SANE, attempts will be made to locate a hospital that can provide a SANE and transport to that location for examination.

115.321 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

115.321 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Policy # 430.00, page 19 E states: When an outside agency investigates sexual abuse, the WDCR 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

	<p>PREA Compliance throughout the investigative progress. (115.21 (f) (g)) (115.71 (l)) (115.22 (b))</p> <p>The facility investigators only complete administrative investigations. Criminal Investigations are completed by the West Virginia State Police. The written agreement between the agency and the WV State Police is for the purpose of responding, investigating and if needed legally charge sexual assault/rape perpetrators for incidents that occur while incarcerated at any of the West Virginia Regional Facilities. Partnership will commence on any date set forth and will be managed and maintained in compliance with PREA Standards.</p> <p>115.321 (h): A qualified staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>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.</p> <p>The interview with the facility PREA Investigator verified the protocol taken in evidence collection. The interviews with staff confirmed they were aware of the format to collect evidence if required to do so.</p> <p>Facility supervisors and the Health Services Administrator stated that no victim is ever charged for any examination, medical follow-up or advocacy services (to include psychiatric care) related to sexual abuse or harassment. Additionally, all stated that forensic (PREA) examinations do not occur at the facility.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.321 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.322:

1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Agency Designee
2. Investigator

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.322 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Policy # 430.00, pages 15 - 16 A states: Protection of witnesses and the victim shall be paramount throughout the investigation process. The Office of PREA Compliance, in conjunction with the facility PCM shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

115.322 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse and/or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

115.322 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

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

and all related documentation are to be entered in the appropriate tracking system.

6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations. Failure to cooperate with the investigation, such as withholding known information, withholding evidence or giving false statements will result in disciplinary action.

Policy # 430.00, page 19 D states: When an outside agency investigates sexual abuse, the DCR shall request that the investigating agency follow the Medical and Mental Health requirements of this policy. CID shall endeavor to remain informed about the progress of the investigation and regularly update the Office of PREA Compliance throughout the investigative progress.

Policy # 430.00, page 18 C states: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

In response to the Pre-Audit Questionnaire:

The number of allegations of sexual abuse and sexual harassment that were received: 12

The number of allegations resulting in an administrative investigation: 12

The number of allegations referred for criminal investigation: 0

115.322 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations policy governing the conduct of such investigations.

The auditor is not required to audit this provision.

115.322 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

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

The auditor is not required to audit this provision.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.322 based upon documentation provided and interviews conducted.

	Corrective Action: (None)
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.331:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Policy Directive #111; Subject: Training and Employee Development, Training Curriculum - Cross Gender Viewing/Searches, Curriculum / Lesson Plan 3. Training Orientation - Handout 4. Review of Staff Training Records 5. Certificates of Understanding (50) 6. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Random Selected Staff (9)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.331 (a): The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) 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;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant</p>

laws regarding the applicable age of consent.

Policy # 430.00 pages 8 - 9 A - B states: All employees, contractors, volunteers, mentors and interns will receive training regarding WVDCR's zero tolerance policy regarding sexual misconduct. This training should be conducted during orientation, but no later than thirty (30) days after date of hire or enlistment of services.

B. At a minimum, the training shall include the following information: (115.31(a))

1. Sexual contact with an offender is prohibited.
2. Offender's right to report if sexual contact occurs.
3. The zero-tolerance policy against sexual abuse and sexual harassment within the WVDCR.
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. Offender's 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 offender.
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.

115.331 (b): Training is tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

Policy # 430.00 page 9 A - B states: Staff training shall be appropriate to the gender of the offenders within the facility. (115.31 (b))

115.331 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency

shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Policy # 430.00 pages 9 - 10 E states: The WVDCR shall provide employees with a yearly refresher to ensure that all employees know the WVDCR'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 WVDCR'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 WVDCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (115.31 (c)), (115.32 (a) (b))

115.331 (d): The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

Policy # 430.00, page 9 C states: C. Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be kept in the employee's training file and a copy will be sent to the Office of PREA Compliance. (115.31(d)) (115.32 (c))

The facility provided the auditor with fifty (50) copies of Certificates of Understanding for review.

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.331 based upon documentation provided and interviews conducted. Employees are trained annually and receive reminders during shift briefings to ensure resident's safety.

Corrective Action: (None)

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

The following documents and policy(s) were reviewed to determine compliance with standard 115.332:

1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Staff Training, Medical, Contractors and Volunteers, PREA Handout for Contractors
3. Volunteers Lesson Plan for Volunteers and Contractors
4. Certificates of Understanding (22)
5. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard 115.332:

Specialized Staff (2)

1. Medical
2. Contractor

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.332 (a): The agency ensures 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.

115.332 (b): 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Policy # 430.00, pages 8 - 9 E states: The WVDCR shall provide employees with a yearly refresher to ensure that all employees know the WVDCR'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 WVDCR'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 WVDCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (115.31 (c)), (115.32 (a) (b))

In response to the Pre-Audit Questionnaire:

The number of volunteers and individual contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 22

	<p>The percent of volunteers and individual contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse/harassment prevention, detection and response: 100%</p> <p>115.332 (c): The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Policy # 430.00, page 9 C states: Each facility shall document through a Certificate of Understanding that staff, volunteers and contract employees have received and understand the training they have received. Documentation will be kept in the employee’s training file and a copy will be sent to the Office of PREA Compliance. (115.31(d)) (115.32 (c))</p> <p>Interviews with contractors confirmed they have been trained on DCR's sexual abuse and sexual harassment policies and procedures. Volunteers and Contractors receive the same training as staff. Review of training records show that they are concise and easy to review. All file reviews showed that training is updated, signatures are present, and training is current.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.331 based upon documentation provided and interviews conducted. Employees are trained annually and receive reminders during shift briefings to ensure resident's safety.</p> <p>Corrective Action: (None)</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.333:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Resident Handbook 3. Brochures “End the Silence” (English and Spanish) 4. Certificates of Understanding (75) 5. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Random Residents</p>

Site Review Observations:

Observations during on-site review of the physical plant, PREA signage was posted throughout the facility, Hotline information and dialing instructions, Posters in English and Spanish, Intake process was discussed with staff in detail.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.333 (a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Policy # 430.00, page 10-11 A states: A. 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:
(115.33 (a))

1. Information regarding the agencies reporting procedures.
2. Information related to access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.
3. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable confidential communication between offenders and these organizations. (115.53 (a) (b) (c))
4. 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 OIS Document Management (115.33 (e))
5. For people detained solely for civil immigration purposes, the person will receive contact information for immigrant service agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. (115.53 (a))
6. 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 maintained by the facility PCM as directed. (115.33 (b))

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

In response to the Pre-Audit Questionnaire:

The number of residents admitted in past 12 months who were given this information at intake: 188

115.333 (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video 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.

Policy # 430.00, page 11 A (6) states: Within thirty (30) days of intake, adult offenders shall receive comprehensive education regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and regarding WVDCR 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 maintained by the facility PCM as directed.

115.333 (c): Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

Policy # 430.00, page 11 B states: Offenders 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.

115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Policy # 430.00, page 7 M states: Facilities shall take reasonable steps to ensure all

	<p>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 WVDCR's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall use the contracted translation services to facilitate communication with the offender.</p> <p>115.333 (e): The agency shall maintain documentation of resident participation in these education sessions. Documentation of residents participation in these education sessions are scanned into the offender's record in OIS Document Management and maintained by the facility PCM as directed. Residents also sign Certificates of Understanding.</p> <p>115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>Policy # 430.00, page 7 N states: Written materials will either be delivered in alternative formats that accommodate the offender's disability or the information will be delivered through alternative methods, that ensure effective communication with offenders with disabilities, including those with intellectual disabilities, limited reading skills, or no or low vision. Reading the information to the offender or communicating through an interpreter, will ensure that he or she understands the PREA related material. In addition to providing such education, the facility shall ensure that key information is continuously and readily available to offenders through posters, or other written formats.</p> <p>There were no limited English proficient residents or residents with disabilities housed at the facility during the on-site portion of the audit to interview.</p> <p>All residents receive PREA information no matter the length of their stay. PREA posters are posted on the walls and Handbooks with PREA information is provided to all youth. The PAQ contained uploaded proof of training with signatures of youth admitted to the facility in the last 12 months. The resident handbook covers all aspects of PREA (pages 39 - 44), provides education on all topics associated with PREA Compliance and their right to be free of sexual abuse and sexual harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.333 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.334:

1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Verification of Training of Investigators/Records, NIC Training Certificates, "Miranda, Garrity, PREA, and Such" Training Curriculum, "Interview of Sexual Assault Victims in A Confinement Setting" Training; Developed by: D.L. Rosier, Jr., Former Deputy Director DMAPS Investigation Unit, "PREA - Report Writing" Training; Prepared by D.L. Rosier, Jr., Former Deputy Director, DMAPS Investigation Unit
3. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

Superintendent

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.334 (a): In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

115.334 (b): 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.

115.334 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Policy # 430.00, page 10 F states: In addition to the general training provided to all employees pursuant to §115.31, the WVDCR shall ensure that, to the extent the WVDCR 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. (115.34 (a) (b) (c)) (115.71 (b)) 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.

	<p>4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.</p> <p>115.334 (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>The number of investigators currently employed who have completed the required training: 27</p> <p>The auditor is not required to audit this provision.</p> <p>This facility provided training records for staff. These records include verification of NIC training (PREA: Your Role Responding to Sexual Abuse), (Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations), completion of the “Miranda Rights and Garrity Warning Training”, completion of the “Report Writing – PREA Investigations” and completion of the “Interview of Sexual Assault Victims in a Confinement Setting”.</p> <p>All investigators training certificates "Investigating Sexual Abuse in a Confinement Setting" were uploaded into the Pre-Audit Questionnaire for review by the auditor.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.334 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.335:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject – Prison Rape Elimination Act Compliance (PREA) 2. NIC Training Certificates Medical and Mental Health 3. Staff Sexual Misconduct Questionnaire 4. Certificate of Receipt and Understanding (PREA) 5. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Medical
2. Mental Health Staff

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.335 (a): The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(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 juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.335 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Medical staff at Lorrie Yeager Juvenile Center does not conduct SANE exams. Residents who need a SANE exam will be transported to Camden Clark Hospital and examined by a SANE nurse. If the local hospital cannot provide a SANE, attempts will be made to locate a hospital that can provide a SANE and transport to that location for examination.

DCR entered into an agreement with the West Virginia Foundation for Rape Information and Services (WVFRIS) on February 17, 2023 for confidential rape crisis services. Family Crisis Intervention Center is the local crisis center that would respond to requests for a victim advocate.

115.335 (c): The agency maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

115.335 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Policy # 430.00, page 10 G states: In addition to the general training provided by the facility during Orientation, all full- and part-time medical and mental health employees shall receive additional specialized training regarding victims of sexual abuse and sexual harassment. This training will be coordinated and completed by a qualified source. All medical employees must receive this training during orientation, but no later than one (1) month of the effective date of hire.

Contractual medical staff will not conduct forensic examinations. (115.35 (a) (b) (c) (d)) This specialized training will include, but is not limited to:

1. How to detect and assess signs of sexual abuse and sexual harassment.

	<p>2. How to preserve physical evidence of sexual abuse.</p> <p>3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and.</p> <p>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The interview with Health Service Administrator, training logs and review of training certificates for medical and mental health staff documented the completion the required training at the facility and through NIC. The training logs and training certificates for Medical and Mental Health Services staff showed completion of required facility training.</p> <p>Medical staff do not conduct SAFE or SANE examinations. All examinations of this type are completed at a hospital or CAC, who also provides an advocate to comfort a youth during the exam, during questioning and thereafter with any needs associated with the assault.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.335 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.341:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. PREA Screening Instrument 3. Initial and Reassessment 4. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Random Residents (8) 3. Transgender (1)

4. Reporting Prior Victimization During Screening (5)

5. Bisexual (1)

6. Pan-sexual (1)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.341 (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

115.341 (b): Such assessments shall be conducted using an objective screening instrument.

115.341 (c): At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

115.341 (d): This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

115.341 (e): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Policy # 430.00, pages 12 - 13 A, B C, D, E 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.

B. The screening will occur:

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

2. Upon transfer to a different facility.

3. After an incident of sexual abuse; and.

4. When warranted due to a referral, request, or receipt of additional information

that bears on the offender's risk of sexual victimization or abusiveness.

C. This shall be accomplished by using the appropriate attachment within the PREA Manual to gather the following information: (115.41 (a) (b) (c) (d) (e) (g))

1. Known or perceived gender nonconforming appearance or identifies as lesbian, gay, bisexual, transgender or intersex (LGBTI) and whether the offender may therefore be vulnerable to sexual abuse;
2. Whether the offender has a mental, physical, or developmental disability.
3. Offender's age and physical build.
4. Current charge, offense history and whether the offender has been previously incarcerated for convictions for sex offenses against an adult or child or a history of acts of sexual abuse.
5. Whether the offender's criminal history is exclusively non-violent.
6. Whether the offender has previously experienced sexual victimization.
7. The offender's own perceptions of her or his vulnerability.
8. Any specific information about individual offenders that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other offenders.
9. Whether the offender is detained solely for civil immigration purposes; and.
10. Level of emotional and cognitive development (for juvenile offenders only).

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

E. This information shall be ascertained through:

1. Direct conversations with the offenders during the intake process.
2. Medical and mental health screenings.
3. During classification assessments; and.
4. By reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's records.

In response to the Pre-Audit Questionnaire:

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: 166

	<p>The percent of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received through intake: 100%</p> <p>When Assessments and Reassessments are completed, the forms are placed in the residents files. These files are kept behind locked doors with limited access. When, if any youth are keep separate and/or potential victim or predators are noted, an "Alert" is posted in their computer system. Only supervisors have access to the "Alerts", which are used for housing assignments. (Note: only supervisors can make housing assignments or changes.)</p> <p>The Staff Responsible for Risk Screening confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records.</p> <p>Residents interviewed confirmed when they first came to the facility; they were asked questions; whether they have ever been sexually abused, whether they identify with being gay, bisexual, or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions the first day at the facility.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.341 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.342:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Policy Directive Number 401.13, Special Attention & Special Needs Alerts

3. Memo Dated January 12, 2023 - Screening for the Risk of Victimization - Placement of Residents
4. PREA Screening Instrument
5. Initial and Reassessment
6. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (4)

1. Staff Responsible for Risk Screening
2. PREA Compliance Manager
3. Staff that Supervise Resident in Segregated Housing (NA)
4. Residents Housed in Segregated Housing (NA)
5. Medical
6. Mental Health
7. Bisexual Resident (1)
8. Pan-Sexual Resident (1)

Site Review Observations:

Observations during on-site review of physical plant, observation of shower areas.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.342 (a): The agency uses all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Policy # 430.00, page 14 I states: I. The PREA screening assessment information shall be used to make decisions regarding housing, bed, work, education, and program assignments. The goal of the WVDCR 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.

115.342 (b): Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Policy # 430.00, page 13 H states: Juvenile offenders may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other offenders safe, and then only until an alternative means of keeping all

offenders safe can be arranged. During any period of isolation, agencies shall not deny any offenders daily large-muscle exercise and any legally required educational programming or special education services. All offenders in isolation shall receive daily visits from a medical or mental health care clinician. Offenders shall also have access to other programs and work opportunities to the extent possible. Every thirty (30) days, the facility shall afford each juvenile offender a review to determine whether there is a continuing need for separation from the general population. If a juvenile offender is isolated for these reasons, the facility shall clearly document the basis for the facility's concern for the offenders' safety and the reason why no alternative means of separation can be arranged.

In response to the Pre-Audit Questionnaire:

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

Lorrie Yeager Juvenile Center does not use isolation or segregation.

115.342 (c): Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

115.342 (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Policy states all information obtained shall be used to make housing, bed, program, and work assignments for youth with the goal of keeping all youth safe from sexual abuse. The facility makes individualized determinations about how to ensure the safety of each youth. The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.

Policy # 430.00, page 14 K states: The WVDCR 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 WVDCR 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. (115.42 (c) (d))

115.342 (e): Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

115.342 (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Policy # 430.00 page 14 L 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 views with respect to his or her own safety shall be given serious consideration. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. (115.42 (d) (e) (f) (g))

The Facility PREA Compliance Manager confirmed housing and programming assignments for transgender and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342 (i): Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Policy # 430.00 page 13 H states: 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.

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 Agency PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately

	<p>from other residents.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.342 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with this standard 115.351:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Brochure "End the Silence" (English and Spanish) 3. Orientation for Juvenile Offenders (English and Spanish) 4. MOU with Bureau of Juvenile Services and The WV Supreme Court of Appeals 5. Ice ERO Detention Reporting an Information Line and Brochure 6. PREA Review Form 7. PREA Refresher - Duty to Report: Knowledge, Suspicion, or Information 8. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (12) 3. Random Resident (9) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant, PREA signage for reporting sexual abuse.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.351 (a): The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>WVDCR provides residents with numerous, internal and external methods for</p>

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

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 be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Offenders can be a participant in an investigation in many ways, including being the alleged victim, suspect, reports, or witness. If you've been assaulted or sexual misconduct has occurred, you or anyone else can report in the following ways.

The following information is found in the Resident Handbook, residents receive this information during orientation.

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

115.351 (b): 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 and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Policy # 430.00 page 15 A states: Offenders shall be provided multiple internal and external ways to privately report sexual misconduct, retaliation by other offenders or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. The WVDCR 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 WVDCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to WVDCR 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 WVDCR shall distribute publicly through the WVDCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the WVDCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations. (115.51 (a) (b))

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

115.351 (d): The facility shall provide residents with access to tools necessary to make a written report.

115.351 (e): The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents.

115.351 (e): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Policy # 430.00 page 15 C states: Staff can privately report information about sexual assault and sexual harassment by submitting a confidential report to the Superintendent, facility PCM or the Office of PREA Compliance. (115.51 (c))

115.351 (d): The facility shall provide residents with access to tools necessary to make a written report.

Policy # 430.00 page 16 D states: An offender may also report abuse by using the grievance process. These grievances will be forwarded to the Superintendent or designee for immediate action. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The WVDCR may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The WVDCR 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 WVDCR's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.351 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.352:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Third Party Education Form 3. Allegations Spreadsheet 4. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Random Residents (9)</p> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant, placement of grievance boxes, forms procedure for getting writing instruments.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.352 (a): An agency is exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>115.352 (b): (1) The agency does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the</p>

agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Policy states the facility will not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse/sexual harassment. The auditor reviewed the Resident Handbook and verified relevant information is provided.

115.352 (c): The agency ensures that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Youth who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be processed by a staff member who is the subject of the complaint.

Policy # 430.00, page 16 D states: An offender may also report abuse by using the grievance process. These grievances will be forwarded to the Superintendent or designee for immediate action. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The WVDCR may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The WVDCR 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 WVDCR's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. (115.52 (a) (b)(c)

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.

115.352 (d): (1) The agency issues 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. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.

Policy # 430.00, page 16 E states: WVDCR 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.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 12

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

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

115.352 (e): (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

Policy # 430.00, page 16 F states: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of offenders. If the offender declines third party assistance, it must be documented by using the appropriate attachment within the PREA Manual. CID will discuss the allegation with the alleged victim and to the extent possible proceed with an investigation if the allegation occurred in a correctional setting.

The agency provides residents training on third party reporting, residents sign the Third Party Education Form and the following reporting information is found in the Resident Handbook:

1. Report the information to any one you trust, staff member, facility PREA Compliance Manager, family members, attorneys, or outside advocates.
2. Request to see medical or mental health staff.
3. Place a written complaint in the locked PREA Box or grievance box.
4. Notify outside law enforcement, local, county or state.
5. Call the WV DHHR child abuse Hot Line at 1-800-352-6513.
6. Call the Bureau of Juvenile Services sexual abuse hotline at 1-855-366-0015.

7. Email your complaint to dcrprea@wv.gov.
8. Mail the complaint to DCR Office of PREA Compliance 1409 Greenbrier Street, Charleston, WV 25311.
9. Supreme Court Juvenile Justice Commission via United States Mail (per-addressed envelopes provided with postage pre-paid).
10. You can also visit <https://dcr.wv.gov/aboutus/Pages/prea.aspx>.

115.352 (f): (1) The agency has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Policy # 430.00, page 16 G states: After receiving a PREA emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, it must be forwarded to the Superintendent or designee for immediate action. An initial response will be provided within forty-eight (48) hours and a final decision shall be within five (5) calendar days. The initial response and final WVDCR decision shall document the WVDCR's determination whether the offender is in substantial risk of imminent sexual abuse and action taken in response to the emergency grievance.

In response to the Pre-Audit Questionnaire:

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

Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

115.352 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Policy # 430.00 page 16 H states: Offenders may be disciplined for filing a grievance related to alleged sexual abuse only where the WVDCR demonstrates that the offender filed the grievance in bad faith.

No resident has been disciplined for filing a grievance in bad faith.

The facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.352 based upon documentation provided and interviews

	<p>conducted.</p> <p>Corrective Action: (None)</p>
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115.353	Resident access to outside confidential support services and legal representation
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	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.353:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. ICE ERO Detention Reporting and Information Line Flyer 3. MOU with The Children’s Listening Place effective (8/20/2022 - 8/19/2025), AKA North Star Child Advocacy Center 4. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with standard 115.353:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (12) 3. Random Resident (9) 4. Residents who Reported Sexual Abuse (NA) <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Site Review Observations:</p> <p>Observations of Reporting Mechanisms - (Posters, Resident Handbook, Brochures, Hotline Dialing Instructions, Tested Phones)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.353 (a): The facility provides 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</p>
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advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

During the site review, the auditor observed flyers posted for the outside advocacy agency, The Children's Listening Place now known as North Star Child Advocacy Center. The flyer included the Hotline number and the email address for the agency for resident to report sexual abuse or sexual harassment.

Policy # 430.00, page 15 B states: All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the Superintendent and facility PCM. Staff may be subject to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.

The facility provides resident's access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (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.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

WVDCR provides residents with outside access to victim advocates and immigrant service agencies by providing mailing addresses and telephone numbers. Residents detained solely for civil immigration purposes are provided contact information for United States Customs and Immigration Enforcement.

During the site review, the auditor observed flyers posted for ICE ERO Detention Reporting and Information Line Flyer for civil immigration. However, the facility does not house residents detained solely for civil immigration purposes.

115.353 (b): The facility informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility 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.

115.353 (c): The facility has an MOU with The Children's Listening Place, now known as North State Child Advocacy Center community-based organization that provides

residents with confidential emotional support services related to sexual abuse. The MOU was effective 8/20/2022; this MOU expires 8/19/2025. DCR entered into a contractual agreement with the West Virginia Foundation for Rape Information and Services (WVFRIS) on February 17, 2023 for confidential rape crisis services. Family Crisis Intervention Center is the local crisis center that would respond to requests for a victim advocate.

115.353 (d): The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The Facility Superintendent and Facility PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.353 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.354:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. ICE ERO Detention Reporting and Information Line Flyer 3. MOU with The Children’s Listening Place effective (8/20/2022 - 8/19/2025), AKA North Star Child Advocacy Center 4. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>In order to determine compliance, the following observations were made during the</p>

on-site facility tour:

Site Review Observations:

Observations of Reporting Mechanisms – (Posters, Resident Handbook, Brochures, Hotline Dialing Instructions, Tested Phones)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.354 (a): The agency has established methods to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Policy # 430.00, pages 15 - 16 A, B states: A. 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 WVDCR 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 WVDCR, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to WVDCR 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 WVDCR shall distribute publicly through the WVDCR website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the offender and the WVDCR policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.

The resident's handbook states: Offenders can be a participant in an investigation in many ways, including being the alleged victim, suspect, reporter, or witness. If you've been assaulted or sexual misconduct has occurred, you or anyone else can report in the following ways.

- Report the information to any one you trust, staff member, facility PREA Compliance Manager, family members, attorneys or outside advocates.
- Request to see the on-site medical or mental health provider.
- Place a written complaint in the locked PREA Box or grievance box.
- Notify outside law enforcement, local, county or state.
- Call the WV DHHR child Abuse Hot Line 1-800-352-6513.
- Call the Bureau of Juvenile Services sexual abuse hotline 1-855-366-0015.
- Email your complaint to dcrprea@wv.gov.
- Mail the complaint to DCR Office of PREA Compliance 1409 Greenbrier Street, Charleston WV 25311.

➤ Supreme Court Juvenile Justice Commission via United States Mail (pre-addressed envelopes provided with postage pre-paid).

➤ You can also visit <https://dcr.wv.gov/aboutus/Pages/prea.aspx>.

B. 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.

A search of the West Virginia Division of Corrections and Rehabilitation showed a section for "Reporting Sexual Abuse" it states: If you were the victim of sexual misconduct while in custody in West Virginia, or if you know of a person in custody in West Virginia who was a victim, you may report it to the WV Division of Corrections and Rehabilitation by using the following methods:

- If you were, or are, in custody at a WV juvenile center or facility, please call 1-855-366-0015.
- If you were, or are, in custody at a WV jail facility, you may call (304) 558-2036 and ask for the PREA Coordinator. You may also email dcrprea@wv.gov.
- If you were, or are, in custody at a WV prison, you may call (304) 558-2036 and ask for the PREA Coordinator. You may also email dcrprea@wv.gov.

In case of email communications, please include the following:

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

Policy # 430, page 16 F states: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file such requests on behalf of offenders. If the offender declines third party assistance, it must be documented by using the appropriate attachment within the PREA Manual. CID will discuss the allegation with the alleged victim and to the extent possible proceed with an investigation if the allegation occurred in a correctional setting.

	<p>Residents are provided with multiple reporting methods, internally and externally. During the site review, the auditor observed flyers posted for the outside advocacy agency, The Children’s Listening Place also known as North Star Child Advocacy Center. The flyer included the Hotline number and the email address for the agency for resident to report sexual abuse or sexual harassment.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.354 based upon documentation provided and interviews conducted.</p> <p>Corrected Action (None)</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.361:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (4)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Random Staff (12) 4. Medical 5. Mental Health <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.361 (a): 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy # 430.00, page 15 B states: All employees, contractors, volunteers and</p>

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.

Interviews confirmed all staff are aware of their obligation to report any knowledge, suspicion, or information that they witness, overhear, or are told regarding incidents of sexual abuse or sexual harassment.

115.361 (b): The agency policy also requires all staff to comply with any applicable mandatory child abuse reporting laws.

Policy # 430.00, page 17 K states: Per West Virginia Code §49-2-803(a), all instances of abuse involving juvenile offenders must be reported directly to the child abuse hotline at 1-800-366-0015 as soon as possible but no later than twenty-four (24) hours of becoming aware of the misconduct.

Resident under the age of 18 that report sexual abuse, state law requires the facility to report Child Protective Services within 24 hours of receiving the allegation.

115.361 (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

Policy # 430.00, page 17 A states: The facility PCM will report all allegations of sexual abuse, including anonymous allegations to the Office of PREA Compliance. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation or other security and management decisions.

Staff is obligated to report allegations of sexual abuse and sexual to their supervisor however, the information received is confidential and must not be discuss expect with staff involved with the investigations.

115.361 (d): (1) 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Policy # 430.00, page 22 A state: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to

medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Such practitioners shall be required to inform offenders at the initiation of services of their duty to report and the limitations of confidentiality.

Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting unless the offender is under the age of eighteen (18).

Interviewed medical and mental health staff were aware of the duty to report all information related to sexual abuse or sexual harassment, and the responsibility of confidentiality.

115.361 (e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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. (2) 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. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Policy # 430.00, page 17 K states: Per West Virginia Code §49-2-803(a), all instances of abuse involving juvenile offenders must be reported directly to the child abuse hotline at 1-800-366-0015 as soon as possible but no later than twenty-four (24) hours of becoming aware of the misconduct.

The Facility Superintendent confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the PREA Office of Investigations Unit Field Supervisor and the victim's legal guardians as appropriate. If the victim is under the guardianship of the child welfare system the allegation must be reported to the State Department of Health and Human Services.

115.361 (f): The facility reports all allegations of sexual abuse and sexual harassment; including third-party and anonymous reports, to the facility's designated investigators.

The Facility Superintendent confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.361 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.362:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Memo Dated January 12, 2023 - Official Response Following a Resident's Report 3. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent 3. Random Staff (12) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.362 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>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 (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>Policy # 430.00, page 17 B states: When facility staff learn that an offender is subject to a substantial risk of sexual abuse, the facility shall assess and implement appropriate protective measures and shall take immediate action to protect the offender without unreasonable delay.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0</p> <p>The facility immediately reports any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation for reporting sexual abuse or sexual harassment. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.</p> <p>Staff takes appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other residents or</p>

	<p>staff. The facility employs multiple protection measures, including custody and housing changes, special management plans, or transfers for resident victims or abusers.</p> <p>The Facility Superintendent confirmed when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating youth. He confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.362. Corrective Action: (None)</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.363:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Superintendent Reporting to Other Confinement Facilities Form (Northwest Pavilion) 3. PREA Summary Review of Allegation 4. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.363 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>115.363 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p>

	<p>115.363 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Policy # 430.00, page 17 C states: Within seventy-two (72) hours of receiving an allegation that an offender was sexually abused while confined in another correctional facility, the Superintendent of the facility that received the allegation shall notify in writing the head of the facility or appropriate office of where the alleged abuse occurred and shall also notify the Office of PREA Compliance. The Superintendent can contact the other facility via phone before forwarding the report in writing. The facility shall document that it has provided such notification by using the appropriate attachment within the PREA Manual. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 1</p> <p>115.363 (c): The agency documents that it has provided such notification.</p> <p>The facility received one (1) allegation that a resident had been sexual assaulted while housed at another facility (Northwest Pavilion). The facility provided the Superintendent Reporting to Other Confinement Facilities Form and the PREA Summary Review for auditor review. The facility made the report upon receiving the allegation.</p> <p>When information was received about an allegation of abuse that occurred at another facility, the Superintendent immediately notified the Northwest Pavilion Superintendent. This contact was be made by “Superintendent Reporting to Other Confinement Facilities Form” along with a PREA Summary Review of the alleged sexual abuse.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.363 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with

standard 115.364:

1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Coordinated Response Plan
3. OPC PREA Manual
4. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

1. Random Staff

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.364 (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Policy # 430.00, page 17 D states: Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the WVDCR coordinated response plan.

115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Interviews with Security Staff and Non-Security Staff confirmed they were knowledgeable of their first responder duties. Staff interviewed was knowledgeable

	<p>of their first responder duties.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.364 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.365:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Coordinated Response Plan 3. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.365 (a): The facility shall develop 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>Policy # 430.00, page 18 D states: Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the incident shall separate the alleged victim and abuser; and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When responding to incidences of sexual abuse, all first responders are required to follow the WVDCR coordinated response plan.</p> <p>The Facility Superintendent confirmed the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Sexual Abuse Coordinated Team Response coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.365 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.366:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.366 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove</p>

	<p>alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Policy # 430.00, page 18 E states: WVDCR does not have the authority to enter into collective bargaining agreements pursuant to WV State Code.</p> <p>115.366 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The auditor is not required to audit this provision.</p> <p>The Agency Head reports that Collective Bargaining, as it is known in many states does not occur in the Corrections Field in West Virginia. Individuals may join CWA (union) that allows for grievances, but it does not allow bargaining for wage or working conditions.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.266.</p> <p>Corrective Action: (None)</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.367:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. WVDCR PREA Manual 3. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>115.367 (a): The agency has 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 and shall designate which staff members or departments are charged with monitoring</p>

retaliation.

115.367 (b): 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.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The facility acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.367 (d): In the case of residents, such monitoring shall also include periodic status checks.

115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Policy # 430.00, page 18 G states: The WVDCR shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse for at least ninety (90) days following a report of sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. Items the WVDCR should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The WVDCR 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 WVDCR 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. (115.67(a) (b) (c) (d) (e) (f))

The Juvenile PREA Coordinator for the State of West Virginia is Retaliation Monitor for the Lorrie Yeager Juvenile Center. She monitors retaliation for youth who have suffered sexual abuse. Based on staff interviews, facility staff are aware that

	<p>retaliation is not allowed. Staff are aware that they can be removed from their jobs. It was also stated that any known retaliation would be reported to their Compliance Manager. Interviewed staff related some steps that can be taken to defer retaliation could be housing moves or transfers of the residents to another facility.</p> <p>115.367 (f) WVDCR's responsibility to monitor retaliation will terminate if the allegation is unfounded.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.367. Corrective Action: (None)</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.368:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (4)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Staff who Supervise Residents in Isolation (NA) 3. Medical 4. Mental Health 5. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) (NA) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>Policy # 430.00, page 14 M states: Offenders with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than twenty-four (24) hours while completing the assessment.</p>

	<p>In response to the Pre-Audit Questionnaire:</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>Policy # 430.00, page 14 I states: The PREA screening assessment information shall be used to make decisions regarding housing, bed, work, education, and program assignments. The goal of the WVDCR 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.</p> <p>The use of segregated housing would only be used as a last resort. Preferable action would be housing changes and transfer to another facility. No review of resident's files occurred due to zero occurrences of segregated housing. It should be noted that security staff can be assigned to any location within the facility. There is no staff strategically assigned to a segregation unit.</p> <p>The Superintendent confirmed the facility does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.368.</p> <p>Corrective Action: (None)</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.371:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. DMAPS Investigations Unit 3. Memo Dated January 23, 2023 Criminal and Administrative Agency Investigations 4. Curriculum: Interview of Sexual Assault Victims in a Confinement Setting 5. Curriculum: Miranda, Garrity 6. Curriculum: PREA Report Writing 7. Administrative Investigations 8. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>Specialized Staff (1)</p>

1. Investigator
2. Resident that Report Sexual Abuse (NA)

The following describes how the evidence above was used to draw the conclusion regarding compliance:

115.371 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

115.371 (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

1. Individuals conducting these investigations will receive specialized training.
 2. Staff members, as designated by the Superintendent, shall do an inquiry on offender-on-offender harassment allegations.
 3. CID investigators will conduct investigations on all staff-on-offender allegations and offender-on-offender sexual abuse allegations.
 4. CID investigators will be primarily responsible for contacting and referring criminal allegations and assisting as needed with the investigation.
 5. Investigations will be promptly, thoroughly, and objectively completed for all allegations, including third party and anonymously reported allegations. The reports and all related documentation are to be entered in the appropriate tracking system.
 6. Staff having any knowledge of or reason to suspect that sexual misconduct has taken place, is subject to questioning by person(s) investigating such allegations. Failure to cooperate with the investigation, such as withholding known information, withholding evidence or giving false statements will result in disciplinary action.
- 115.371 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Policy # 430.00, pages 9 - 10 F states: In addition to the general training provided to all employees pursuant to §115.31, the WVDCR shall ensure that, to the extent the WVDCR 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.

115.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Investigations file are complete with interviews, video review, when available, and witness statements from the victim, perpetrators, and staff.

Policy # 430.00, page 20 H states: The WVDCR shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

All reviewed investigations were evidence base; the auditor saw no opinions within the documents.

115.371 (d): The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

115.371 (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Investigations that appear to be criminal in nature are are completed in conjunction with the West Virginia State Police for investigation.

115.371 (f): 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 resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371 (h): 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.

Policy # 430.00, page 20 J states: When the quality of evidence appears to support criminal prosecution, the WVDCR 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 WVDCR 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.

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Policy # 430.00, page 19 D states: The WVDCR shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the WVDCR, plus five (5) years.

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

West Virginia Division of Corrections and Rehabilitation are responsible for conducting all investigations in conjunction with the West Virginia State Police.

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

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

Current operations and practices meet the requirements of PREA Standard 115.371.

Corrective Action: (None)

115.372	Evidentiary standard for administrative investigations
	<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 1474 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.372:</p> <ol data-bbox="280 452 1308 573" style="list-style-type: none"> <li data-bbox="280 452 1308 528">1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) <li data-bbox="280 533 1069 573">2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p data-bbox="280 609 1430 645">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 680 564 716">Specialized Staff (1)</p> <ol data-bbox="280 752 488 788" style="list-style-type: none"> <li data-bbox="280 752 488 788">1. Investigator <p data-bbox="280 824 1439 900">The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p data-bbox="280 936 1452 1057">115.372 (a): The agency 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 data-bbox="280 1093 1465 1214">Policy # 430.00, page 20 H states: The WVDCR 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 data-bbox="280 1249 1461 1326">Review of the investigation files shows that it is in fact evidence driven; the auditor saw no statements of opinion in the nine (9) investigation files reviewed.</p>

115.373	Reporting to residents
	<p data-bbox="280 1675 983 1711">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 1751 564 1787">Auditor Discussion</p> <p data-bbox="280 1823 1474 1899">The following documents and policy(s) were reviewed to determine compliance with standard 115.373:</p> <ol data-bbox="280 1935 1308 2056" style="list-style-type: none"> <li data-bbox="280 1935 1308 2016">1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) <li data-bbox="280 2020 679 2056">2. Notifications To Residents

3. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Agency Head
2. Investigator
3. Resident that Report Sexual Abuse (NA)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.373 (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

In response to the Pre-Audit Questionnaire:

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 5

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: 5

115.373 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

In response to the Pre-Audit Questionnaire:

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0

Policy # 430.00, page 21 L states: Following an investigation into an offender's allegation that he or she suffered sexual abuse, the facility PCM shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. Information given to the offender shall be documented.

Resident that alleges sexual abuse or sexual harassment are notified of the outcomes at the completion of the investigation. Should the investigation be determined unfounded, the facility is not obligated to notify the resident of the outcome.

115.373 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that

the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy # 430.00, pages 20 - 21 M: Following a substantiated or unsubstantiated allegation that a staff member has committed sexual abuse against an offender, the facility shall subsequently inform the offender whenever:

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

115.373 (e): All such notifications or attempted notifications shall be documented.

115.373 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Policy # 430.00, page 21 O states: All notifications or attempted notifications shall be documented and sent to the offender's current WVDCR 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.

Resident are notified using the Offender Notification Form.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.373 based upon documentation provided and interviews conducted.

Corrective Action: (None)

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.376:

1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.376 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

115.376 (c): Disciplinary sanctions for violations of agency 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.

In response to the Pre-Audit Questionnaire:

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

115.376 (d): 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, shall be 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

Policy # 430.00, page 21 A states: The staff member shall be subject to disciplinary sanctions up to and including termination for violating WVDCR sexual abuse or

	<p>sexual harassment policies, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of WVDCR 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 WVDCR shall not provide a basis for terminating an investigation. (115.76 (a) (b) (c) (d))</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.376 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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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 following documents and policy(s) were reviewed to determine compliance with standard 115.377:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with standard 115.377:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.377 (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p>

	<p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0</p> <p>115.377 (b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>No contractors or volunteer has violated WVDCR's policy in the 12 months preceding the audit.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.377 based upon documentation provided and interviews conducted.</p> <p>Corrective Action (None)</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.378:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire 3. Resident Sanctions (2) <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Superintendent 2. Medical 3. Mental Health <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt</p>

for resident-on-resident sexual abuse.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 2

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

115.378 (b): Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 1

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse that were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 1

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 1

One resident was disciplined during a hearing, the resident was sanctioned for three days to room confinement, for a category 1.6 Sexual Acts. This resident was placed in isolation (room confinement) for 3 days. The facility does not utilize isolation.

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

One resident that violated policy was placed on a Behavior Plan for repeated sexual harassment acts.

115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the

activity is not coerced.

Policy # 430.00, page 22 C states: C. 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. (115.78 (a) (b) (c) (e) (g))

115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

Policy 430.00, page 22 B 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.

115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy # 430.00, page 23 C states: A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

There are several ways in which the facility can sanction a resident if found guilty of an administrative investigation: being locked down, taking good time, taking commissary, and notification to the courts. If the resident has cognitive or mental health problems, a referral is made to their internal mental and/or medical health provider. This is also reviewed during the hearing and appeal process. Those

	<p>residents who make a report, believing it to be true, does not result in a hearing or sanctions.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.378 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</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 following documents and policy(s) were reviewed to determine compliance with standard 115.381:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Residents who Disclosed Sexual Victimization at Risk Screening (5) 2. Staff Responsible for Risk Screening 3. Medical and Mental Health Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.381 (a): 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>One hundred percent of residents that disclose prior victimization during the screening process are offered follow-up meetings with mental health staff.</p> <p>115.381 (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up</p>

meeting with a mental health practitioner within 14 days of the intake screening.

115.381 (c): 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.

Policy # 430.00, page 14 J states: If the PREA screening indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with the facility mental health practitioner within fourteen (14) days of the intake screening. (115.81 (a) (b) (c))

Most confidential information is stored in the OMS system. Hard copies of medical and mental health records are store in locked cabinet behind locked doors. A limited number of staff have access to these files.

The information collected during the medical and mental health screening is strictly limited to informing security and making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by WVDCR policy and all other federal, state, and local laws.

115.381 (d): Medical and mental health practitioners obtains 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.

Policy # 430.00, page 22 A states: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Such practitioners shall be required to inform offenders at the initiation of services of their duty to report and the limitations of confidentiality.

Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting unless the offender is under the age of eighteen (18).

The auditor interviewed five (5) residents who disclosed prior sexual abuse during the on-site portion of the audit.

Interviews with medical and counseling staff who conducts the victim/aggressor assessments of incoming residents confirmed that each screening asks residents about prior victimization and prior abuse. They all are aware that disclosure must result in a referral to a medical or mental health practitioner within 14 days. Resident can refuse the referral. Interviewed residents who reported having been victims of previous sexual abuse indicated they were offered mental health services and follow-up. Mental health services are provided onsite for residents housed at

	<p>Lorrie Yeager Juvenile Canter.</p> <p>Medical and mental health staff confirmed informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.381 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: None</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.382:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Security Staff and Non-Security Staff First Responders 2. Medical Staff 3. Mental Health Staff 4. Residents who Reported a Sexual Abuse (NA) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.382 (a): Resident 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.</p>

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

Policy # 430.00, page 23 B states: Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. All victims of sexual abuse shall be offered access to forensic medical examinations at an outside facility; such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. Offenders who may require SAFE/SANE exam may not refuse such exams at the facility level. The WVDCR 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. (115.82 (a) (d))

The Superintendent ensures resident victims of sexual abuse while incarcerated shall be offered timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health care staff ensures resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services.

115.382 (b): 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 § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

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 and shall immediately notify the appropriate medical and mental health practitioners. Staff were knowledgeable of their first responder duties. The Coordinated Response has each step that need to be followed when responding to sexual assault.

Policy # 430.00, page 23 C states: 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.

SANE exams are conducted at the local or nearest hospital with SANE staff. Medical staff at the facility do not conduct SANE exams.

	<p>115.382 (c): Resident victims of sexual abuse while incarcerated shall be 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.</p> <p>Policy # 430.00, page 23 E states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate. If pregnancy results 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.</p> <p>The medical and mental health staff interviewed confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>Medical staff will provide residents information regarding sexually transmitted infection prophylaxis for both male and female residents and pregnancy test for females at no cost.</p> <p>Treatment services are provided to victims at no financial cost. WVDCR would be responsible for payment of medical and treatment expenses.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.382 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.383:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Medical Staff
2. Mental Health Staff
3. Residents who Reported a Sexual Abuse (NA)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.383 (a): The facility shall 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.

115.383 (b): 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, or placement in, other facilities, or their release from custody.

The Medical and Mental Health Staff stated residents who have been victimized would be provided follow-up services. Nurses stated the facility would follow ER discharge notes and follow-up requirements. The PSIMED Therapist stated mental health services would be provided.

115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The Medical and Mental Health Staff stated they consider medical and mental health services are consistent with the community level of care.

Policy # 430.00, pages 23 - 24 F states: WVDCR facilities shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse within any facility. Offenders will be offered follow-up medical and mental health services consistent with the community level care as well as access to outside victim advocates for emotional support services related to sexual abuse. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to placement to other facilities or release from custody. (115.83 (a) (b) (c))

The facility offers medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside the facility). Victims of sexual abuse while confined in a secure facility will be offered tests for sexually transmitted infections as medically appropriate.

115.383 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Medical services staff must request the emergency room staff to evaluate the youth

for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offered pregnancy prophylaxis.

115.383 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

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.

115.383 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at the ER and/or upon return to the facility. The facility can screen for sexually transmitted infections.

Policy # 430.00, page 23 E states: Victims of sexual abuse shall be offered information about timely access to emergency contraception, pregnancy tests and sexually transmitted disease testing and treatment, in accordance with professionally accepted standards and policies of care, where medically appropriate.

If pregnancy results 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. (115.83 (d) (e) (f))

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

WVDCR provides treatment services without financial cost to victims.

Policy # 430.00, page 23 B states: Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. All victims of sexual abuse shall be offered access to forensic medical examinations at an outside facility; such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. Offenders who may require SAFE/SANE exam may not refuse such exams at the facility level. The WVDCR 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.

115.383 (h): The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history

	<p>and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The facility will conduct a mental health evaluation of all known youth- on-youth abusers within 72 hours of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The PSIMED Therapist confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.</p> <p>Policy # 430.00, page 24 G states: The facility shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.383 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.386:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Superintendent or Designee

2. PREA Compliance Manager

3. Incident Review Team

The following describes how the evidence above was used to draw the conclusion regarding Compliance (By Provision):

115.386 (a): The facility shall 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.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 6

115.386 (b): Such reviews ordinarily occur within 30 days of the conclusion of the investigation.

115.386 (c): The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The facility team composed by upper-level management official, with input from line supervisors, investigators, and medical or mental health practitioners. The facility Sexual Abuse Review Team will conduct a sexual abuse incident review within 30 days of the conclusion of a PREA Investigation unless the allegation has been determined to be unfounded.

Policy # 430.00, page 24 A states: The Office of PREA Compliance, in collaboration with the facility PCM shall conduct a Sexual Abuse Incident Review within thirty (30) days of the conclusion of every sexual abuse investigation where the allegation was substantiated, or unsubstantiated. The review team shall include upper-level facility staff, with input from line supervisors, investigators, and medical or mental health practitioners. No review shall be conducted if the allegation has been determined to be unfounded. (115.86 (a) (b) (c))

115.386 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any

recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Policy # 430.00, page 24 B states: The review committee shall:

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

The Superintendent confirmed the PREA Incident Review Team considers 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse.

115.386 (e): The facility implements the recommendations for improvement, or shall document its reasons for not doing so.

The PREA Incident Review Team prepares a report of its findings, including any recommendations for improvement. The facility implements the recommendations for improvement or shall document its reasons for not doing so.

Policy # 430.00, page 24 C states: The facility shall document the recommendations for improvement or reasons for not doing at the conclusion of the Sexual Abuse Incident Review.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.386 based upon documentation provided and interviews conducted.

Corrective Action: (None)

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.387:

1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA)
2. Lorrie Yeager Investigative Data Report
3. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.387 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Policy # 430.00, pages 24 - 25 E: states: The facility PCM shall be responsible for ensuring that accurate information is collected for every allegation of offender-on-offender sexual abuse and staff-on-offender sexual misconduct that occurs within his/her facility. Incident-based data reports shall be generated each month. The data collected shall include at a minimum: (115.87 (a))

1. The total number of allegations.
2. Investigation number and the disposition.
3. The WVDCR shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; and.

115.387 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.

115.387 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Policy # 430.00, page 25 H states: The Director of PREA Compliance shall submit an annual report of the incident-based sexual abuse data, to include facility recommendations and corrective actions to the WVDCR 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 WVDCR's progress in addressing sexual abuse. The annual report shall be approved by the WVDCR Commissioner and made readily available to the public annually through the WVDCR website. The WVDCR 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 WVDCR shall provide all such data from the previous

	<p>calendar year to the Department of Justice. (115.87 (b) (f))</p> <p>115.387 (c): The incident-based data collected shall 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.</p> <p>Policy # 430.00, pages 24 - 25 A 5 states: 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>115.387 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Policy # 430.00 page 25 E 3: The WVDCR shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.387 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>Policy # 430.00, page 25 E 4: The WVDCR also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.387 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. Lorrie Yeager Investigative Data Report

	<p>3. WVDCR Juvenile Annual Report 2022 4. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire</p> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. PREA Compliance Manager <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.388 (a): The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>115.388 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.388 (c): The agency's report shall be 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.</p> <p>115.388 (d): The agency may redact 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.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.389:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act

	<p>Compliance (PREA)</p> <ol style="list-style-type: none"> 2. Lorrie Yeager Investigative Data Report 3. WVDCR Juvenile Annual Reports 4. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire <p>Specialized Staff (1)</p> <p>The following staff were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Agency Head <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.389 (a): The agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p> <p>115.389 (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p> <p>115.389 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>115.389 (d): The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.401:</p> <ol style="list-style-type: none"> 1. Policy Directive Number 430.00; Subject - Prison Rape Elimination Act Compliance (PREA) 2. WVDCR Juvenile Annual Reports 2014-2022 <p>The following describes how the evidence above was used to draw the conclusion</p>

regarding compliance (By Provision):

115.401 (a): 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 agency, or by a private organization on behalf of the agency, is audited at least once.

Lorrie Yeager Juvenile Center was last audited for compliance with the Prison Rape Elimination Act March 2021. The report is posted on the agency's website at <https://dcr.wv.gov/resources/Documents/prea-reports>.

115.401 (b): 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.

The agency ensure all facilities are audited for compliance at least every three years, reports for all audited facilities can be found on the agency's website. Review of the WVDCR website confirmed the agency ensures all facilities operated by WVDCR were audited each three-year cycle.

115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.

During the on-site portion of the audit, the auditor was given complete access to, and the ability to observe, all areas of the audited facility. During the site review, the auditor was accompanied by the facility staff. During the site tour the auditor informally interviewed residents, contractors, and staff.

115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The facility provided proof of staff, contractor, and volunteer training, to include NIC training certificate for investigators, medical and mental health staff. Youth's PREA training, intake and orientation records, assessments, and reassessment, and education materials were provided by the facility. During the report writing phase the auditor request addition documentation for standards 115.313, 115.341, 115.342, and 115.86.

MOUs for an outside advocate services and SANE exams were reviewed by the auditor.

115.401 (m): The auditor shall be permitted to conduct private interviews with residents.

The auditor was permitted to conduct private interviews with residents, staff, and contractors. Adequate space was provided to complete interviews with targeted residents, randomly selected residents, specialized staff, and randomly selected staff. Security staff assisted the auditor by having residents readily available for interview. All individuals interviewed were forthcoming and polite, no individuals refused interview.

	<p>115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received from youth, staff, contractor, volunteers, or outside interested parties.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.403 (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <ol style="list-style-type: none"> 1. Lorrie Yeager Juvenile Center Pre-Audit Questionnaire 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p>All WVDCR PREA Audit Reports are published on the agency’s website at: https://dcr.wv.gov/resources/Documents/prea-reports.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided.</p> <p>Corrective Action: (None)</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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 not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
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.)	yes
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?)	na
	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?)	na
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.	yes
115.352 (b)	Exhaustion of administrative remedies	

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

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	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).)	na
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.)	na
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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